

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **April 1<sup>st</sup> through 15<sup>th</sup>**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|  |  |   |                                       |
|--|--|---|---------------------------------------|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> APR 15 2003<br/> STATE CLEARING HOUSE </div>   |  | 2. DATE SUBMITTED<br>April 14, 2003   | Applicant Identifier                  |
|  |  | 3. DATE RECEIVED BY STATE   | State Application Identifier          |
| 1. TYPE OF SUBMISSION:   | 4. DATE RECEIVED BY FEDERAL AGENCY   | Federal Identifier<br>CSH900332   |                                       |
| Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction   | Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |   |                                       |
| 5. APPLICANT INFORMATION   |  |   |                                       |
| Legal Name:<br>North East Medical Services   |  | Organizational Unit:<br>North East Medical Services   |                                       |
| Address (give city, county, State, and zip code):<br>1520 Stockton Street<br>San Francisco, CA 94133   |  | Name and telephone number of person to be contacted on matters involving this application (give area code)<br><br>Linda Bien (415) 391-9686   |                                       |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>94-1722562   |  | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">N</span>   |                                       |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____ |  | A. State    H. Independent School Dist.<br>B. County    I. State Controlled Institution of Higher Learning<br>C. Municipal    J. Private University<br>D. Township    K. Indian Tribe<br>E. Interstate    L. Individual<br>F. Intermunicipal    M. Profit Organization<br>G. Special District    N. Other (Specify) <u>Non-Profit</u> |                                       |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><br>TITLE: CHC PIN 2003-03, Oral Health Service Expansion  |  | 9. NAME OF FEDERAL AGENCY:<br>BPHC  |                                       |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>City and County of San Francisco, CA  |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>Establish a new dental clinic in Leland Ave/Ascencion Valley neighborhood of San Francisco, S.F. County, CA  |                                       |
| 13. PROPOSED PROJECT   |  | 14. CONGRESSIONAL DISTRICTS OF:   |                                       |
| Start Date<br>7/1/03   | Ending Date<br>1/31/04   | a. Applicant<br>5th   | b. Project<br>5th                     |
| 15. ESTIMATED FUNDING:   |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |                                       |
| a. Federal   | \$ 200,000.00  | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br><br>DATE 04/14/03<br><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW                               |                                       |
| b. Applicant   | \$ .00   |   |                                       |
| c. State   | \$ .00   |   |                                       |
| d. Local   | \$ .00   |   |                                       |
| e. Other   | \$ .00   |   |                                       |
| f. Program Income  | \$ 358,924.00  |   |                                       |
| g. TOTAL   | \$ 558,924.00  | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No   |                                       |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  |  |   |                                       |
| a. Type Name of Authorized Representative<br>Sophie H. Wong  |  | b. Title<br>President   | c. Telephone Number<br>(415) 391-9686 |
| d. Signature of Authorized Representative<br><i>Sophie H. Wong</i>   |  | e. Date Signed<br>April 9, 2003   |                                       |

# APPLICATION FOR FEDERAL ASSISTANCE

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>April 14, 2003 | Applicant Identifier         |
|   |  | <b>3. DATE RECEIVED BY STATE</b>           | State Application Identifier |
|   |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  | Federal Identifier           |

**5. APPLICANT INFORMATION**

|   |   |
|---|---|
| <b>Legal Name:</b><br>County of San Mateo Human Services Agency   | <b>Organizational Unit:</b><br>Alcohol and Other Drug Services  |
| <b>Address (give city, county, state, and zip code):</b><br>400 Harbor Boulevard, Building "C"<br>Belmont, San Mateo County, CA 94002 | <b>Name and telephone number of the person to be contacted on matters involving this application (give area code):</b><br>Yvonne Frazier, Administrator<br>(650) 802-5067 |

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

94-60000532

**7. TYPE OF APPLICANT: (enter appropriate letter in box)** B

|   |   |
|---|---|
| A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District | H. Independent School Dist.<br>I. State Controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Other (Specify): _____ |
|---|---|

**8. TYPE OF APPLICATION:**  
☒ New Continuation ☐ Revision  
**If Revision, enter appropriate letter(s) in box(es):**    

|                      |                        |                      |
|----------------------|------------------------|----------------------|
| A. Increase Award    | B. Decrease Award      | C. Increase Duration |
| D. Decrease Duration | Other (specify): _____ |                      |

**9. NAME OF FEDERAL AGENCY:**  
 HHS / SAMHSA

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
**TITLE:** Collaborative Initiative

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 San Mateo Chronic Homelessness Initiative

**12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**  
 San Mateo County, CA

|   |             |             |          |          |  |              |            |    |        |
|---|-------------|-------------|----------|----------|--|--------------|------------|----|--------|
| <b>13. PROPOSED PROJECT:</b><br><table style="width:100%;"> <tr> <td style="width:50%;">Start Date</td> <td style="width:50%;">Ending Date</td> </tr> <tr> <td>07/01/03</td> <td>06/30/06</td> </tr> </table> | Start Date  | Ending Date | 07/01/03 | 06/30/06 | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br><table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>12</td> <td>12, 14</td> </tr> </table> | a. Applicant | b. Project | 12 | 12, 14 |
| Start Date  | Ending Date |             |          |          |  |              |            |    |        |
| 07/01/03  | 06/30/06    |             |          |          |  |              |            |    |        |
| a. Applicant  | b. Project  |             |          |          |  |              |            |    |        |
| 12  | 12, 14      |             |          |          |  |              |            |    |        |

|   |            |            |            |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |            |   |
|---|------------|------------|------------|--------------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|----------|----|------------|---|
| <b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:30%;">\$</td> <td style="width:40%; text-align: right;">700,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">700,000.00</td> </tr> </table> | a. Federal | \$         | 700,000.00 | b. Applicant | \$ | .00 | c. State | \$ | .00 | d. Local | \$ | .00 | e. Other | \$ | .00 | f. Program Income | \$ | .00 | g. TOTAL | \$ | 700,000.00 | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <u>April 14, 2003</u><br>b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW |
| a. Federal  | \$         | 700,000.00 |            |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |            |   |
| b. Applicant  | \$         | .00        |            |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |            |   |
| c. State  | \$         | .00        |            |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |            |   |
| d. Local  | \$         | .00        |            |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |            |   |
| e. Other  | \$         | .00        |            |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |            |   |
| f. Program Income   | \$         | .00        |            |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |            |   |
| g. TOTAL  | \$         | 700,000.00 |            |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |            |   |

**17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?**  
☐ YES If "Yes," attach an explanation. No ☒

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

|  |  |  |
|--|--|--|
| <b>a. Typed Name of Authorized Representative</b><br>Maureen Borland | <b>b. Title</b><br>Director, Human Svcs Agcy | <b>c. Telephone number</b><br>(650) 595-7555 |
| <b>d. Signature of Authorized Representative</b><br>                 |  | <b>e. Date Signed</b><br>4-11-03             |

# Grants Coordination, State Clearinghouse

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

### 1. TYPE OF SUBMISSION:

Application  
☐ Construction  
☒ Non-Construction

Preapplication  
☐ Construction  
☐ Non-Construction

2. DATE SUBMITTED  
April 11, 2003

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

### 5. APPLICANT INFORMATION

Legal Name:

Santa Barbara Marine Mammal Center

Organizational Unit:

Santa Barbara Marine Mammal Center

Address (give city, county, State, and zip code):

389 N. Hope Ave.  
Santa Barbara, CA 93110

Name and telephone number of person to be contacted on matters involving

this application (give area code)

Peter Howorth (805) 687-2368

### 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0446004

APR 14 2003

### 7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School Dist.  
I. State Controlled Institution of Higher Learning  
J. Private University  
K. Indian Tribe  
L. Individual  
M. Profit Organization  
N. Other (Specify) Private Non-Profit Organization

### 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

(If Revision, enter appropriate letter(s) in box(es))

- A. Increase Award  
B. Decrease Award  
C. Increase Duration  
D. Decrease Duration  
Other (specify):

### 9. NAME OF FEDERAL AGENCY:

NOAA

### 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11-439

TITLE: Marine Mammal Data Programs

### 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Pinniped Rescue Capture Techniques Training Program

### 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

NATIONWIDE

### 13. PROPOSED PROJECT

### 14. CONGRESSIONAL DISTRICTS OF:

Start Date  
1/5/04

Ending Date  
12/30/04

a. Applicant

19th District

b. Project

Several Other Districts as a National Scope Project

### 15. ESTIMATED FUNDING:

|                   |    |                       |
|-------------------|----|-----------------------|
| a. Federal        | \$ | 32,000 <sup>00</sup>  |
| b. Applicant      | \$ | 14,800 <sup>00</sup>  |
| c. State          | \$ | 0 <sup>00</sup>       |
| d. Local          | \$ | 0 <sup>00</sup>       |
| e. Other          | \$ | 104,900 <sup>00</sup> |
| f. Program Income | \$ |                       |
| g. TOTAL          | \$ | 151,700 <sup>00</sup> |

### 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 04/11/03

b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

### 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

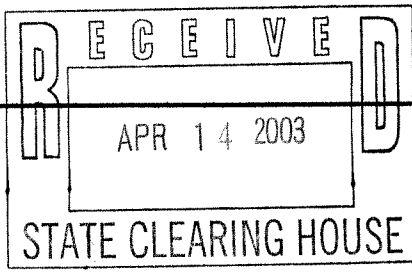
a. Type Name of Authorized Representative  
Peter C. Howorth

b. Title  
Director

c. Telephone Number  
(805) 687-2368

d. Signature of Authorized Representative

e. Date Signed  
4/11/03

|  |                                       |   |   |
|--|---------------------------------------|---|---|
| <b>APPLICATION FOR<br/>FEDERAL ASSISTANCE</b>  |                                       | 2. DATE SUBMITTED<br>April 02, 2003   | Applicant Identifier  |
| 1. TYPE OF SUBMISSION<br><br>Application Non-Construction  | 3. DATE RECEIVED BY<br>STATE          |   | State Application Identifier  |
|  | 4. DATE RECEIVED BY<br>FEDERAL AGENCY |   | Federal Identifier  |
| <b>5. APPLICANT INFORMATION</b>  |                                       |   |   |
| Legal Name<br>Cantamar Incorporated  |                                       |                                        | Organizational Unit<br>Innovative Biometrics  |
| Address<br>315 S Coast Hwy 101<br>Pmb245<br>Encinitas, California<br>92024-3555  |                                       |   | Name and telephone number of the<br>person to be contacted on matters<br>involving this application<br><br>Leatham, James G<br>(760) 846-4235 |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN)<br><br>33-0781702  |                                       | 7. TYPE OF APPLICANT  |   |
| 8. TYPE OF APPLICATION<br><br>New  |                                       | 9. NAME OF FEDERAL AGENCY<br><br>National Institute of Justice  |   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE<br><br>NUMBER: 16.560<br>CFDA TITLE: CRIME JUST R & D PROJ  |                                       | 11. DESCRIPTIVE TITLE OF<br>APPLICANT'S PROJECT<br><br>IB Secure: Biometric Facial<br>Recognition for Crime Prevention. |   |
| 12. AREAS AFFECTED BY PROJECT<br><br>Crime Prevention Technologies; to prevent or minimize criminal activities with biometrics<br>technologies that will perform facial recognition. |                                       |   |   |
| 13. PROPOSED PROJECT<br>Start Date: October 01, 2003<br>End Date: September 30, 2005   |                                       | 14. CONGRESSIONAL DISTRICTS<br>OF<br><br>a. Applicant<br>b. Project CA50  |   |
| 15. ESTIMATED FUNDING  |                                       | 16. IS APPLICATION SUBJECT<br>TO REVIEW BY STATE<br>EXECUTIVE ORDER 12372<br>PROCESS?                                   |   |
| Federal  | \$503,897                             | This preapplication/application was<br>made available to the state executive  |   |
| Applicant  | \$0                                   |   |   |
| State  | \$0                                   |   |   |
| Local  | \$0                                   |   |   |

|   |           |  |
|---|-----------|--|
| Other   | \$0       | order 12372 process for review on                          |
| Program Income  | \$0       | 17. IS THE APPLICANT<br>DELINQUENT ON ANY<br>FEDERAL DEBT? |
| TOTAL   | \$503,897 | N  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION<br>PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY<br>AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL<br>COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED. |           |  |

Close Window

APPLICATION PART I

1. APPLICANT

Legal Name San Diego State University Foundation

Organizational Unit KPBS

Mailing Address (line 1) 5250 Campanile Drive

Address (line 2 if required)

City San Diego

State CA

County San Diego

Zip 92182-1931

2. Employer ID # (EIN)

For PTFP Use

95-6042721

Main Station Call Letters

KPBS FM 89.5

Radio MHz TV Channel

3. Administrative Contact

E-mail jordover@foundation.sdsu.edu

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Jeremy

S

Kraut-Ordover

Development Specialist

Phone # (619) 594-6620

Fax # (619) 594-4950

4. Engineering Contact

Full Name Mr. Leon Messenie

Engineer Phone

(619) 594-8146

Title Director of Engineering & IT

PROJECT INFORMATION

5a. Enter "Y" if Reactivation N

5b. Old File #

6. Enter "Y" if new FCC authorizations are required

7. Enter letter(s) to classify project

(P)lanning or (C)onstruction C

(R)adio or (T)V or (RT) for both R

(B)roadcast or (N)onbroadcast or (BN) for both B

8. Length of Project (# of months) 12

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast Station, Repeater or Translator; 1st local origination ☒

FIRST service added by proposed facility

316,500

ADDED SERVICE to those covered by others

0

B. Broadcast Equipment Replacement, Augmentation

CURRENTLY served by applicant.

C. Digital TV Conversion

CURRENTLY served by applicant.

Enter "Y" if a multi-year application

D. Nonbroadcast (e.g. Distance Learning Activation or Expansion)

CURRENTLY served by applicant.

NEW service added by proposed facility

10. Enter the Priority or Category under which you request the application be reviewed

1A

13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 279,260

b. Applicant Share \$ 93,087

c. TOTAL \$ 372,347

d. Fed. % of eligible costs 75.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact Office of PTFP program is not selected for state review. Otherwise enter Yes.

Yes

15. Is applicant delinquent on any Federal Debt? Enter YES or NO. If YES, attach explanation.

NO

11. Single Congressional District of Applicant

53

12. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)

49, 50, 51, 52 (California)

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (619) 594-5139

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Dr. Thomas

R

Scott

Infirm AVP., Research & Tech.

Signature of authorized representative

Date signed

04/01/2003

Authorized for Local Reproduction

kpbs15

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

17. Summary of application (Summarize the purposes of the application in a few sentences.)

San Diego State University, licensee of KPBS-FM, 89.5 MHz, KPBS(TV), Channel 15, and KPBS-DT, Channel 30, in San Diego, California seek federal funding assistance to replace and relocate KPBS-FM's aging transmission chain. The project will allow KPBS-FM to increase its audience to include over 316,500 people currently unserved by any public radio station. Moreover, the signal upgrade resulting from more centrally locating the transmission facility will significantly improve the signal received by several hundred thousand more San Diegans. Priority 1A funding consideration is being requested.

18. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

19. Station Operations

|                  | THIS YEAR    |         | NEXT YEAR IF PROJECT FUNDED |         |
|------------------|--------------|---------|-----------------------------|---------|
|                  | Number       | Hrs./Wk | Number                      | Hrs./Wk |
| Full-Time Staff  | 24           | 40      | 24                          | 40      |
| Part-Time Staff  | 30           | 15      | 30                          | 15      |
| Volunteers       | 130          | 2       | 130                         | 2       |
| Operating Budget | \$ 4,403,772 |         | \$ 4,403,772                |         |

20. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 20 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

|           | PBS | NPR | NFCB | PRI | Other APTS | Other NETA |
|-----------|-----|-----|------|-----|------------|------------|
| This year | Y   | Y   | N    | Y   | Y          | Y          |
| Next year | Y   | Y   | N    | Y   | Y          | Y          |

21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

| Proposed Community of license | Channel # | FCC File #        | Site Name                          | Owned | Pending Leased/ |
|-------------------------------|-----------|-------------------|------------------------------------|-------|-----------------|
| KPBS-FM - San Diego, CA       | 89.5MHz   | BMPED -20010321AB | Mt. Soledad - La Jolla, California |       | X               |
|                               |           |                   |                                    |       |                 |
|                               |           |                   |                                    |       |                 |
|                               |           |                   |                                    |       |                 |

22. Yes ☒ No  
(circle one)

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

| City          | Call Letters |
|---------------|--------------|
| San Diego, CA | KSDS         |
| City          | Call Letters |
|               |              |
| City          | Call Letters |
|               |              |

24. Areas affected by this Project (Cities, Counties, States, Etc.)

San Diego County

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

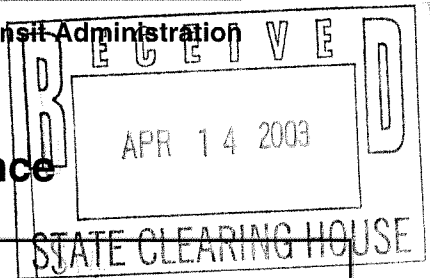
SEE ATTACHED



**DOT****FTA**

U.S. Department of Transportation

Federal Transit Administration

**Application for Federal Assistance**

|                      |                             |
|----------------------|-----------------------------|
| Recipient ID:        | 5550                        |
| Recipient Name:      | CITY OF SANTA CLARITA       |
| Project ID:          | CA-90-Y217                  |
| Budget Number:       | 1 - Budget Pending Approval |
| Project Information: | TMF, BUSES, AVL             |

**Part 1: Recipient Information**

|                 |   |
|-----------------|---|
| Project Number: | CA-90-Y217  |
| Recipient ID:   | 5550  |
| Recipient Name: | CITY OF SANTA CLARITA                                       |
| Address:        | 23920 VALENCIA BLVD SUITE 300, SANTA CLARITA, CA 91355 0000 |
| Telephone:      | (661) 294-2538  |
| Facsimile:      | (661) 294-2517  |

**Union Information**

|               |  |
|---------------|--|
| Recipient ID: | 5550                                   |
| Union Name:   | INTERNATIONAL BROTHERHOOD OF TEAMSTERS |
| Address 1:    | 3 Research Place                       |
| Address 2:    |  |
| City:         | Rockville, MD 20850 0000               |
| Contact Name: | Robert Scardelletti                    |
| Telephone:    | (301) 948-4910                         |
| Facsimile:    | (301) 948-1369                         |

|               |                           |
|---------------|---------------------------|
| Recipient ID: | 5550                      |
| Union Name:   | AMALGAMATED TRANSIT UNION |
| Address 1:    | 5025 Wisconsin Avenue NW  |
| Address 2:    |                           |
| City:         | Washington, DC 20016 4139 |
| Contact Name: | Leo Wetzel                |

|            |                |
|------------|----------------|
| Telephone: |                |
| Facsimile: | (202) 244-7824 |

|               |  |
|---------------|--|
| Recipient ID: | 5550                                   |
| Union Name:   | INTERNATIONAL BROTHERHOOD OF TEAMSTERS |
| Address 1:    | 25 Lousiana Avenue, NW                 |
| Address 2:    |  |
| City:         | Washington, DC 20001 0000              |
| Contact Name: | James Hoffa                            |
| Telephone:    |  |
| Facsimile:    | (202) 624-8780                         |

|               |                             |
|---------------|-----------------------------|
| Recipient ID: | 5550                        |
| Union Name:   | UNITED TRANSPORTATION UNION |
| Address 1:    | 14600 Detroit Avenue        |
| Address 2:    |                             |
| City:         | Cleveland, OH 44107 0000    |
| Contact Name: | Bernie McNelis              |
| Telephone:    |                             |
| Facsimile:    | (216) 228-5755              |

## Part 2: Project Information

|                      |                     |                       |                |
|----------------------|---------------------|-----------------------|----------------|
| Project Type:        | Grant               | Gross Project Cost:   | \$18,838,902   |
| Project Number:      | CA-90-Y217          | Adjustment Amt:       | \$0            |
| Project Description: | TMF, BUSES, AVL     | Total Eligible Cost:  | \$18,838,902   |
| Recipient Type:      | City                | Total FTA Amt:        | \$14,834,096   |
| FTA Project Mgr:     |                     | Total State Amt:      | \$0            |
| Recipient Contact:   | Susan Lipman        | Total Local Amt:      | \$4,004,806    |
| New/Amendment:       | None Specified      | Other Federal Amt:    | \$0            |
| Amend Reason:        | Initial Application | Special Cond Amt:     | \$0            |
|                      |                     |                       |                |
| Fed Dom Asst. #:     | None Specified      | Special Condition:    | None Specified |
| Sec. of Statute:     | 5307                | S.C. Tgt. Date:       | None Specified |
| State Appl. ID:      | None Specified      | S.C. Eff. Date:       | None Specified |
| Start/End Date:      | -                   | Est. Oblig Date:      | None Specified |
| Recvd. By State:     |                     | Pre-Award Authority?: | Yes            |
| EO 12372 Rev:        | Not Applicable      | Fed. Debt             |                |
| Review Date:         | None Specified      |                       |                |
| Planning Grant?:     | NO                  |                       |                |

|   |                |                |    |
|---|----------------|----------------|----|
| Program Date<br>(STIP/UPWP/FTA<br>Prm Plan) : | Jan. 01, 2002  | Authority?:    | No |
| Program Page:                                 | None Specified | Final Budget?: | No |
| Application Type:                             | Electronic     |                |    |
|   |                |                |    |
| Supp. Agreement?:                             | Yes            |                |    |
| Debt. Delinq. Details:                        |                |                |    |

### **Urbanized Areas**

| UZA ID | UZA Name                               |
|--------|--|
| 60020  | LOS ANGELES--LONG BEACH--SANTA ANA, CA |

### **Congressional Districts**

| State ID | District Code | District Official |
|----------|---------------|-------------------|
| 6        | 25            | Howard P McKeon   |

### **Project Details**

This project includes several activities:

Bus Vehicle Lease - Santa Clarita Transit has purchased five(5) 35-ft Gillig Phantoms and six (6) 40-ft MCI commuter buses. TIP Project ID# LA56702.

Bus Replacement - Replace 11 commuter buses. TIP Project ID # LA990723

Bus Expansion - Purchase 7 local and 4 commuter buses. TIP Project ID # LAOC8371

Transit Maintenance Facility TMF)Construction - TIP Project ID# LA973022.

Passenger Amenities - TIP Project ID # LAOC09

AVL Technology on Buses - TIP Project ID #LA990724

Countywide Universal Farebox System (UFS)Project TIP Project I.D.#LA0D92

## **Part 3: Budget**

### **Project Budget**

|   | Quantity | FTA Amount  | Tot. Elig. Cost |
|---|----------|-------------|-----------------|
| <b>SCOPE</b>  |          |             |                 |
| <b>111-00 BUS - ROLLING STOCK</b>                   | 24       | \$9,529,572 | \$12,442,636    |
| <b>ACTIVITY</b>                                     |          |             |                 |
| <b>11.12.07 BUY REPLACEMENT COMMUTER BUS (CMAQ)</b> | 1        | \$436,561   | \$493,122       |

|  |    |             |                     |
|--|----|-------------|---------------------|
| 11.12.07 BUY REPLACEMENT COMMUTER BUS              | 10 | \$3,934,000 | \$4,917,500         |
| 11.16.07 LEASE COMMUTER BUS                        | 1  | \$348,398   | \$435,497           |
| 11.16.02 LEASE 35-FT BUS                           | 1  | \$468,600   | \$585,750           |
| 11.94.05 REHAB/RENOV PED ACCESS / WALKWAYS         | 0  | \$316,200   | \$395,250           |
| 11.13.01 BUY 40-FT BUS FOR EXPANSION (CMAQ)        | 7  | \$1,584,650 | \$2,401,000         |
| 11.13.07 BUY COMMUTER BUS FOR EXPANSION (CMAQ)     | 4  | \$1,185,350 | \$1,796,000         |
| 11.42.10 ACQUIRE - MOBILE FARE COLL EQUIP (CMAQ)   | 0  | \$1,255,813 | \$1,418,517         |
| <u>SCOPE</u>                                       |    |             |                     |
| 114-00 BUS: SUPPORT EQUIP AND FACILITIES           | 2  | \$5,304,524 | \$6,396,266         |
| <u>ACTIVITY</u>                                    |    |             |                     |
| 11.43.03 CONSTRUCT - ADMIN/MAINT FACILITY          | 1  | \$3,332,675 | \$4,165,844         |
| 11.43.03 CONSTRUCT - ADMIN/MAINT FACILITY (CMAQ)   | 1  | \$1,705,000 | \$1,929,000         |
| 11.62.20 PURCHASE MISC COMMUNICATIONS EQUIP (CMAQ) | 0  | \$266,849   | \$301,422           |
|  |    |             |                     |
| <b>Estimated Total Eligible Cost:</b>              |    |             | <b>\$18,838,902</b> |
|  |    |             |                     |
| <b>Federal Share:</b>                              |    |             | <b>\$14,834,096</b> |
|  |    |             |                     |
| <b>Local Share:</b>                                |    |             | <b>\$4,004,806</b>  |

OTHER (Scopes and Activities not included in Project Budget Totals)

**None**

**No Amendment Funding Source information is available for the selected project**

Alternative Fuel Codes

|          |                                     |                        |
|----------|-------------------------------------|------------------------|
| 11.11.00 | BUS - ROLLING STOCK                 | Compressed Natural Gas |
| 11.12.07 | BUY REPLACEMENT COMMUTER BUS (CMAQ) | Compressed Natural Gas |
| 11.12.07 | BUY REPLACEMENT COMMUTER BUS        | Compressed Natural Gas |
| 11.16.07 | LEASE COMMUTER BUS                  | Diesel Fuel            |
| 11.16.02 | LEASE 35-FT BUS                     | Diesel Fuel            |
| 11.13.01 | BUY 40-FT BUS FOR EXPANSION (CMAQ)  | Compressed Natural Gas |
|          |                                     |                        |

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

|  |  |                                    |  |                              |  |
|--|--|------------------------------------|--|------------------------------|--|
| 1. TYPE OF SUBMISSION:<br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction |  | 2. DATE SUBMITTED<br>04/13/2003    |  | Applicant Identifier         |  |
| Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                   |  | 3. DATE RECEIVED BY STATE          |  | State Application Identifier |  |
|  |  | 4. DATE RECEIVED BY FEDERAL AGENCY |  | Federal Identifier           |  |

|  |  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
|--|--|----------|-----------------------------|-----------|--|--------------|-----------------------|-------------|-----------------|---------------|---------------|-------------------|------------------------|---------------------|---------------------|
| 5. APPLICANT INFORMATION   |  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| Legal Name:<br>Ventura County Health Care Agency   | Organizational Unit:<br>Ventura County Behavioral Health Department  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| Address (give city, county, state, and zip code):<br>2323 Knoll Drive<br>Ventura, Ventura County, California 93003   | Name and telephone number of the person to be contacted on matters involving this application (give area code):<br>Linda Shulman, Interim Director, Ventura County Behavioral Health Department<br>(805) 652-6737  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>95-6000944   | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>B</b><br><table border="0"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify):</td> </tr> </table> | A. State | H. Independent School Dist. | B. County | I. State Controlled Institution of Higher Learning | C. Municipal | J. Private University | D. Township | K. Indian Tribe | E. Interstate | L. Individual | F. Intermunicipal | M. Profit Organization | G. Special District | N. Other (Specify): |
| A. State   | H. Independent School Dist.  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| B. County  | I. State Controlled Institution of Higher Learning   |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| C. Municipal   | J. Private University  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| D. Township  | K. Indian Tribe  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| E. Interstate  | L. Individual  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| F. Intermunicipal  | M. Profit Organization   |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| G. Special District  | N. Other (Specify):  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other (specify): | 9. NAME OF FEDERAL AGENCY:<br><br>SAMHSA   |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><br>TITLE: Collaborative Initiative to End Chronic Homelessness  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>Project ECHO's Casa de Amistad and Drop-In Center for chronically homeless individuals: Services include mental health care, substance abuse treatment, and extensive case management and outreach services.  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):<br>Ventura County  |  |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                     |

|                          |                           |                                 |                         |
|--------------------------|---------------------------|---------------------------------|-------------------------|
| 13. PROPOSED PROJECT:    |                           | 14. CONGRESSIONAL DISTRICTS OF: |                         |
| Start Date<br>12/01/2003 | Ending Date<br>11/30/2006 | a. Applicant<br>23              | b. Project<br>23 and 24 |

|                        |                 |  |  |
|------------------------|-----------------|--|--|
| 15. ESTIMATED FUNDING: |                 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |  |
| a. Federal             | \$ 699,896 .00  | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE 04/13/2003                    |  |
| b. Applicant           | \$ .00          | b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372   |  |
| c. State               | \$ .00          | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW   |  |
| d. Local               | \$ .00          |  |  |
| e. Other               | \$ .00          |  |  |
| f. Program Income      | \$ .00          | 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO |  |
| g. TOTAL               | \$ 699,896 0.00 |  |  |

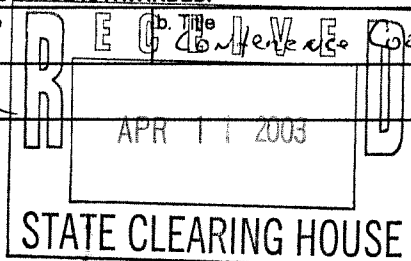
|   |  |                                       |
|---|--|---------------------------------------|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |  |                                       |
| a. Typed Name of Authorized Representative<br>Pierre Durand   | b. Title<br>Director, Health Care Agency | c. Telephone number<br>(805) 677-5110 |
| d. Signature of Authorized Representative   | e. Date Signed<br>4/14/03                |                                       |

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|  |   |  |                              |
|--|---|--|------------------------------|
| 1. TYPE OF SUBMISSION:<br>Application<br><input type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction<br><input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction  |   | 2. DATE SUBMITTED<br><u>4/08/03</u>  | Applicant Identifier         |
|  |   | 3. DATE RECEIVED BY STATE  | State Application Identifier |
|  |   | 4. DATE RECEIVED BY FEDERAL AGENCY   | Federal Identifier           |
| 5. APPLICANT INFORMATION   |   |  |                              |
| Legal Name:<br><u>CALIFORNIA Farm Conference, INC.</u>   |   | Organizational Unit:   |                              |
| Address (give city, county, State, and zip code):<br><u>P.O. Box 73614</u><br><u>DAVIS, CA, YOLO, 95617</u>  |   | Name and telephone number of person to be contacted on matters involving this application (give area code)<br><u>TOM HALLER (530)756-5794</u>  |                              |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br><u>68-0079922</u>  |   | 7. TYPE OF APPLICANT: (enter appropriate letter in box)<br><div style="display: flex; justify-content: space-between;"> <div>           A. State<br/>B. County<br/>C. Municipal<br/>D. Township<br/>E. Interstate<br/>F. Intermunicipal<br/>G. Special District         </div> <div>           H. Independent School Dist.<br/>I. State Controlled Institution of Higher Learning<br/>J. Private University<br/>K. Indian Tribe<br/>L. Individual<br/>M. Profit Organization<br/>N. Other (Specify) <u>NON-PROFIT CORP.</u> </div> </div> <div style="text-align: right; margin-top: -20px;"><input checked="" type="checkbox"/></div> |                              |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award      B. Decrease Award      C. Increase Duration<br>D. Decrease Duration      Other(specify): _____ |   | 9. NAME OF FEDERAL AGENCY:<br><u>USDA Rural Development</u>  |                              |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div><br>TITLE:   |   | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br><u>OUTREACH TO AND ASSISTANCE FOR LIMITED RESOURCE SMALL FARMERS TO ATTEND DIRECT MARKETING CONFERENCE</u>  |                              |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br><u>SACRAMENTO, SAN JOAQUIN, STANISLAUS, YOLO, SOLANO, YUBA, SUTTER, PLACER COUNTIES</u>   |   |  |                              |
| 13. PROPOSED PROJECT<br><u>SM. Farmer Conf.</u>  | 14. CONGRESSIONAL DISTRICTS OF: <u>01</u> |  |                              |
| Start Date<br><u>03/01/03</u>  | Ending Date<br><u>02/28/04</u>            | a. Applicant<br><u>CALIF. Farm Conference</u>  |                              |
|  |   | b. Project<br><u>SMALL Farmer Direct MKTG Conference</u>   |                              |
| 15. ESTIMATED FUNDING:   |   | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |                              |
| a. Federal   | \$ <u>9,500</u> .00                       | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <u>04/09/03</u><br><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                              |
| b. Applicant   | \$ <u>10,500</u> .00                      |  |                              |
| c. State   | \$ .00                                    |  |                              |
| d. Local   | \$ .00                                    |  |                              |
| e. Other   | \$ <u>4,750</u> .00                       |  |                              |
| f. Program Income  | \$ .00                                    |  |                              |
| g. TOTAL   | \$ <u>24,750</u> .00                      | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |                              |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  |   |  |                              |
| a. Type Name of Authorized Representative<br><u>TOM HALLER</u>   |   | c. Telephone Number<br><u>530-756-5794</u>   |                              |
| d. Signature of Authorized Representative<br><u>[Signature]</u>  |   | e. Date Signed<br><u>04/08/03</u>  |                              |

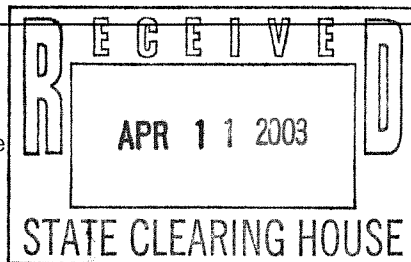
Previous Edition Usable



Standard Form 424 (Rev. 7-97)

**Application for  
Federal Assistance**

|  |                     |  |   |
|--|---------------------|--|---|
| 1. Type of Submission Application  |                     | 2. Date Submitted<br><b>31-Mar-03</b>  | 3. Applicant Identifier                       |
| Application  |                     | 3. Date received State   | State Application Identifier                  |
| Preapplication   |                     | 4. Date received by Federal Agency:  | Federal Identifier                            |
| <input checked="" type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction   |                     | <input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |   |
| 5. Applicant Information   |                     |  |   |
| 6. Legal Name: <b>San Mateo County Transit District (SamTrans)</b>   |                     |  |   |
| Address (give city, county, state, and zip)<br><b>1250 San Carlos Avenue<br/>San Carlos, San Maeto County, CA 94070</b>  |                     | Name and telephone of contact person (give area code)<br><b>Joel Slavitt, Associate Planner</b>  |   |
| 6. Employer Identification Number (EIN):<br><b>9 4 2325976</b>   |                     | 7. Type of Applicant (enter appropriate letter in box) <b>G</b>  |   |
| 8. Type of Application<br><input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision<br>If revision, enter appropriate letter(s) in boxes:<br>A. Increased Award B. Decreased Award<br>C. Increase Award D. Decrease Duration<br>Other (specify): |                     | A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermural<br>G. Special District<br>H. Independent School Dst.<br>I. State Controlled Institution of higher learning.<br>J. Private University<br>K. Indian Tribe<br>L. Profit Insitution<br>M. Other: MPO                                      |   |
| 10. Catalog of federal domestic assistance number:<br><b>20.507<br/>Section 5307 Program</b>   |                     | 9. Name of federal Agency:<br><b>Federal Transit Administration</b>  |   |
| 12. Areas affected by project:<br><b>San Mateo County</b>  |                     | 11. Descriptive title of applicant project<br><b>FY 2003 Capital Assistance: Diesel Engine Repowering, Replacement of 41 buses, Bus Maintenance Facility Rehabilitation (re-roofing), San Mateo County Human Services Agency LIFT Program, SamTrans Maintenance Facility Rehabilitation (re-paving), Leased Tire Program</b> |   |
| 13. Proposed Project<br>Start Date: <b>7/1/00</b> End Date: <b>1/31/05</b>   |                     |  |   |
| 15. Estimated Funding  |                     |  |   |
| a. Federal   | <b>\$15,745,005</b> | 14. Congressional Districts of:  |   |
| b. Applicant   |                     | a. Applicant   | B. Project                                    |
| c. State   | <b>\$0</b>          | <b>12 &amp; 14</b>   | <b>12 &amp; 14</b>                            |
| d. Local   | <b>\$4,197,750</b>  |  |   |
| f. Program Income  |                     | 16. Is application subject to review by state executive 12372 process? <b>Yes</b>  |   |
| e. Other   |                     | a. Yes this preapplication/application was made available to the state executive order 12372 process review on   |   |
| g. TOTAL   | <b>\$19,942,755</b> | Date: <b>4/21/03</b>   |   |
| 17. Is the applicant delinquent on any federal debt?<br><input type="checkbox"/> Yes.(attach an explanation)<br><input checked="" type="checkbox"/> No.  |                     | b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review  |   |
| 18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.                        |                     |  |   |
| a. Typed Name of Authorized Representative<br><b>Mike Scanlon</b>  |                     | b. Title<br><b>General Manager</b>   | c. Telephone Number:<br><b>(650) 508-6221</b> |
| d. Signature of Authorized representative<br><i>my scanlon</i>   |                     | e. Date Signed<br><b>4/9/03</b>  |   |



OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

|   |  |   |                      |  |
|---|--|---|----------------------|--|
| 1. Type of Submission<br><b>Application</b><br><input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction   |  | 2. Date Submitted (mm/dd/yyyy)<br>03/26/2003  | Applicant Identifier |  |
| 3. Date Received by State (mm/dd/yyyy)  |  | State Applicant Identifier  |                      |  |
| 4. Date Received by Federal Agency (mm/dd/yyyy)   |  | Federal Identifier  |                      |  |
| 5. APPLICANT INFORMATION  |  |   |                      |  |
| Legal Name:<br>WASCO AFFORDABLE HOUSING, INC.   |  | Organizational Unit:<br>HOUSING/NON-PROFIT  |                      |  |
| Address (give city, county, state, and zip code):<br>750 H ST.<br>WASCO, KERN COUNTY, CA. 93280   |  | Name and telephone number of the person to be contacted on matters involving this application (give area code):<br>PATRICK NEWMAN/ EXECUTIVE DIRECTOR<br>661-758-6406   |                      |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>9 1 - 2 1 5 4 1 8 2   |  | 7. TYPE OF APPLICANT:<br>[N]<br>A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School Dist.<br>I. State Controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Nonprofit<br>O. Public Housing Agency<br>P. Other (Specify) |                      |  |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es):<br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other (specify): |  | 9. NAME OF FEDERAL AGENCY:<br>UNITED STATES DEPARTMENT OF AGRICULTURE/RURAL DEVELOPMENT   |                      |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)<br>1 0 - 4 0 5<br>TITLE: FARM LABOR HOUSING LOAN AND GRANT<br>514/518   |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>THE PROJECT INCLUDES A 52-UNIT MULTI-FAMILY FARM LABOR HOUSING PROJECT LOCATED IN THE CITY OF WASCO, CALIFORNIA.   |                      |  |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):<br>WASCO, KERN COUNTY, STATE OF CALIFORNIA  |  |   |                      |  |
| 13. PROPOSED PROJECT:<br>Start Date (mm/dd/yyyy): 04/01/2004<br>Ending Date (mm/dd/yyyy): 03/31/2005  |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant: 20TH DISTRICT<br>b. Project: 20TH DISTRICT   |                      |  |
| 15. ESTIMATED FUNDING:<br>Complete form HUD 424-M, Funding Matrix   |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE (mm/dd/yyyy)<br>b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br>OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                      |  |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |  |   |                      |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.                     |  |   |                      |  |
| a. Typed Name of Authorized Representative<br>PATRICK NEWMAN  |  | b. Title<br>EXECUTIVE DIRECTOR  |                      | c. Telephone number (Include Area Code) 661-758-6406 |
| d. Signature of Authorized Representative<br><i>Patrick Newman</i>  |  |   |                      | e. Date Signed (mm/dd/yyyy)<br>3-26-03               |

Previous Edition Usable  
(7/97)

Standard Form 424

Prescribed by OMB Circular A-102

Authorized for Local Reproduction



OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

|  |  |   |                              |
|--|--|---|------------------------------|
| 1. TYPE OF SUBMISSION:<br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | 2. DATE SUBMITTED<br>March 14, 2003   | Applicant Identifier         |
| 5. APPLICANT INFORMATION<br>Legal Name:<br>Selma Housing Investors, L.P.<br>Address (give city, county, State, and zip code):<br>30950 Rancho Viejo Rd., Suite 100<br>San Juan Capistrano, CA 92675  |  | 3. DATE RECEIVED BY STATE   | State Application Identifier |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]<br>to be determined  |  | 4. DATE RECEIVED BY FEDERAL AGENCY  | Federal Identifier           |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) [ ] [ ]<br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other (specify): |  | 7. TYPE OF APPLICANT: (enter appropriate letter in box)<br>[ N ]<br>A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District<br>H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Limited Partnership |                              |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>[ 1 ] [ 0 ] - [ 4 ] [ 0 ] [ 5 ]<br>TITLE: Farm Labor Housing   |  | 9. NAME OF FEDERAL AGENCY:<br>USRDA   |                              |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>City of Selma, County of Fresno   |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>New construction of a 53-unit farm-worker family housing development in Selma, California.   |                              |
| 13. PROPOSED PROJECT<br>Start Date Ending Date   |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant<br>Selma Housing Investors, L.P.<br>b. Project<br>Villanueva Apartments   |                              |
| 15. ESTIMATED FUNDING:<br>a. Federal \$ 75,000<br>b. Applicant \$ 6,434,402<br>c. State \$<br>d. Local \$<br>e. Other \$<br>f. Program Income \$<br>g. TOTAL \$ 6,509,402  |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                              |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.                            |  | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |                              |
| a. Type Name of Authorized Representative<br>Thomas E. Willard   |  | b. Title<br>Managing General Partner  |                              |
| c. Telephone Number<br>949 443-9101  |  | e. Date Signed<br>3/18/03   |                              |

Rec'd 3/24/03

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

|                                     |  |                              |
|-------------------------------------|--|------------------------------|
| 2. DATE SUBMITTED<br>March 24, 2003 |  | Applicant Identifier         |
| 3. DATE RECEIVED BY STATE           |  | State Application Identifier |
| 4. DATE RECEIVED BY FEDERAL AGENCY  |  | Federal Identifier           |

## 1. TYPE OF SUBMISSION:

|   |  |
|---|--|
| Application                               | Preapplication                                   |
| <input type="checkbox"/> Construction     | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction        |

## 5. APPLICANT INFORMATION

|   |   |
|---|---|
| Legal Name:<br>Asociacion Campesina Lazaro Cardenas, Inc. (ACLC, Inc.)                                    | Organizational Unit:<br>Non-profit housing development agency   |
| Address (give city, county, State, and zip code):<br>42 N. Sutter Street, Suite 406<br>Stockton, CA 95202 | Name and telephone number of person to be contacted on matters involving this application (give area code):<br>Winnie R. Ontiveros, Project Manager<br>(209) 466-6811 |

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0062062

APR 10 2003

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award    B. Decrease Award    C. Increase Duration  
D. Decrease Duration    Other(specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State                      H. Independent School Dist.  
B. County                    I. State Controlled Institution of Higher Learning  
C. Municipal                J. Private University  
D. Township                K. Indian Tribe  
E. Interstate                L. Individual  
F. Intermunicipal        M. Profit Organization  
G. Special District        N. Other (Specify) Non-profit

## 9. NAME OF FEDERAL AGENCY:

USDA Rural Development

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-405

TITLE: 514 Farm Labor Housing Program

## 2. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

San Joaquin

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Valle del Sol Townhomes  
76 unit Farmworker Housing Project  
E. Farmington Road  
Stockton, California

## 13. PROPOSED PROJECT

76 units

## 14. CONGRESSIONAL DISTRICTS OF:

4

|            |             |
|------------|-------------|
| Start Date | Ending Date |
| 10/1/03    | 10/1/04     |

## a. Applicant

ACLC, Inc.

## b. Project

Valle del Sol Townhomes

## 15. ESTIMATED FUNDING:

|                   |    |            |
|-------------------|----|------------|
| a. Federal        | \$ | 500,000    |
| b. Applicant      | \$ | 65,189     |
| c. State          | \$ | 2,330,192  |
| d. Local          | \$ | 250,001    |
| e. Other          | \$ | 413,384    |
| f. Program Income | \$ | 11,703,615 |
| g. TOTAL          | \$ | 15,262,381 |

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE \_\_\_\_\_

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Type Name of Authorized Representative

Carol J. Ornelas

## b. Title

Chief Executive Officer

## c. Telephone Number

(209) 466-6811

## e. Date Signed

3/24/03

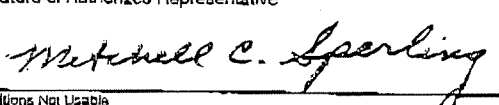
Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL  
ASSISTANCE

|   |                        |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
|---|------------------------|--|------------------------|--------------|-----------|---------------------------------------|------------------------|--------------------------|-----------|---------------------------------|-----------|-------------------|-----------|----------|------------------------|---|--|
| <b>1. TYPE OF SUBMISSION</b><br>Application                      Preapplication<br><input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction  |                        | <b>2. DATE SUBMITTED</b><br><br><b>3. DATE RECEIVED BY STATE</b><br><br><b>4. DATE RECEIVED BY FEDERAL AGENCY</b><br><br>Applicant Identifier<br>State Application Identifier<br>Federal Identifier  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| <b>5. APPLICANT INFORMATION</b><br>Legal Name: <b>Housing Authority of the County Of Merced</b><br>Address (give city, county, state, and zip code):<br><b>405 U Street</b><br><b>Merced, CA 95340</b><br>Organizational Unit:<br><b>Housing Authority</b><br>Name and telephone number of the person to be contacted on matters involving this application (give area code):<br><b>Nick Benjamin (209) 722-3501, ext. 103</b>  |                        |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| <b>6. EMPLOYER IDENTIFICATION (EIN):</b><br><b>94 - 6003432</b>   |                        | <b>7. TYPE OF APPLICANT: (enter appropriate letter here)</b> <u><b>N</b></u><br>A. State                      H. Independent School District<br>B. County                      I. State Controlled Institution of Higher Learning<br>C. Municipal                      J. Private University<br>D. Township                      K. Indian Tribe<br>E. Interstate                      L. Individual<br>F. Intermunicipal                      M. Profit Organization<br>G. Special District                      N. Other (Specify): <u>Housing Authority</u> |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award    B. Decrease Award<br>C. Increase Duration    D. Decrease Duration<br>Other (specify):   |                        | <b>NAME OF FEDERAL AGENCY:</b><br><b>U.S.D.A. Rural Development</b>  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u><b>10 - 405</b></u><br><b>TITLE:</b> <b>FmHA 514/516 Farm Labor Housing</b>  |                        | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><b>Replace 52 units of year-round farm labor housing, two manager's units, office/shop building, child care facility and laundry building located in the town of Planada, Merced County. Two of the 52 units will be used for migrant labor housing.</b>   |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| <b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b><br><b>Town of Planada, Merced County, California</b>   |                        |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| <b>13. PROPOSED PROJECT:</b><br>Start Date                      End Date<br><b>June 1, 2004</b> <b>November 30, 2005</b>  |                        | <b>14. CONGRESSIONAL DISTRICT OF:</b><br>a. Applicant                      b. Project<br><b>18</b> <b>18</b>   |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| <b>15. Estimated Funding:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:70%; text-align: right;"><b>\$ 3,000,000.00</b></td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;"><b>\$</b></td> </tr> <tr> <td>c. State-JSJ Farmworker Housing Grant</td> <td style="text-align: right;"><b>\$ 3,000,000.00</b></td> </tr> <tr> <td>d. Local - land donation</td> <td style="text-align: right;"><b>\$</b></td> </tr> <tr> <td>e. Other - State rental subsidy</td> <td style="text-align: right;"><b>\$</b></td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;"><b>\$</b></td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;"><b>\$ 6,000,000.00</b></td> </tr> </table> |                        | a. Federal   | <b>\$ 3,000,000.00</b> | b. Applicant | <b>\$</b> | c. State-JSJ Farmworker Housing Grant | <b>\$ 3,000,000.00</b> | d. Local - land donation | <b>\$</b> | e. Other - State rental subsidy | <b>\$</b> | f. Program Income | <b>\$</b> | g. TOTAL | <b>\$ 6,000,000.00</b> | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON<br>DATE <u>3/27/03</u><br>b. NO.<br><input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |
| a. Federal  | <b>\$ 3,000,000.00</b> |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| b. Applicant  | <b>\$</b>              |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| c. State-JSJ Farmworker Housing Grant   | <b>\$ 3,000,000.00</b> |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| d. Local - land donation  | <b>\$</b>              |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| e. Other - State rental subsidy   | <b>\$</b>              |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| f. Program Income   | <b>\$</b>              |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| g. TOTAL  | <b>\$ 6,000,000.00</b> |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>  |                        | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes" attach an explanation, <input checked="" type="checkbox"/> No   |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| a. Typed Name of Authorized Representative<br><b>Mitchell Sperling</b>  |                        | b. Title<br><b>Executive Director</b>  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| c. Telephone Number<br><b>(209) 722-3501, ext 108</b>   |                        | d. Signature of Authorized Representative<br>   |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |
| e. Date Signed  |                        |  |                        |              |           |                                       |                        |                          |           |                                 |           |                   |           |          |                        |   |  |

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION:

Application

☐ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction2. DATE SUBMITTED  
March 24, 2003

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

Imperial Valley Housing Authority

Address (give city, county, State, and zip code):

1401 "D" Street  
Brawley, Imperial County, California 92227

Organizational Unit:

Housing Authority

Name and telephone number of person to be contacted on matters involving this application (give area code)

Bill McNees, Deputy Executive Director  
of Development (760) 351-7000

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6003977

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify) Housing Authority

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

## 9. NAME OF FEDERAL AGENCY:

USDA Rural Development

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-405

TITLE: Farm Labor Housing Loans and Grants

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Town of Heber, County of Imperial, State of California

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Sunset Garden Apartments

Construction of a new 40 unit Low-Income  
Farm Labor Rental Development

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

1/1/04

Ending Date

1/1/37

a. Applicant

51st

b. Project

51st

## 15. ESTIMATED FUNDING:

a. Federal

\$

2,846,694

b. Applicant

\$

c. State

\$

2,826,694

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

5,673,388

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE  
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  
PROCESS FOR REVIEW ON:

DATE \_\_\_\_\_

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE  
FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Andrea D. Roark

b. Title

Executive Director

c. Telephone Number

(760) 351-7000

d. Signature of Authorized Representative?

e. Date Signed

3/24/03

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

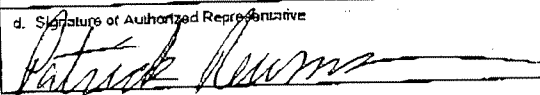
|  |  |                                     |                              |
|--|--|-------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION:<br>Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | 2. DATE SUBMITTED<br>March 19, 2003 | Applicant Identifier         |
|  |  | 3. DATE RECEIVED BY STATE           | State Application Identifier |
|  |  | 4. DATE RECEIVED BY FEDERAL AGENCY  | Federal Identifier           |

|   |   |
|---|---|
| 5. APPLICANT INFORMATION  |   |
| Legal Name:<br>Del Norte Housing Development Corporation  | Organizational Unit:<br>Non Profit HDC  |
| Address (give city, county, State, and zip code):<br>286 M Street, Suite A<br>Crescent City, CA 95531   | Name and telephone number of person to be contacted on matters involving this application (give area code):<br>Carol Meza 707-464-7441  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>68-0360336  | 7. TYPE OF APPLICANT: (enter appropriate letter in box)<br><div style="display: flex; justify-content: space-between;"> <div>           A. State<br/>           B. County<br/>           C. Municipal<br/>           D. Township<br/>           E. Interstate<br/>           F. Intermunicipal<br/>           G. Special District         </div> <div>           H. Independent School Dist.<br/>           I. State Controlled Institution of Higher Learning<br/>           J. Private University<br/>           K. Indian Tribe<br/>           L. Individual<br/>           M. Profit Organization<br/>           N. Other (Specify) <u>Non Profit</u> </div> </div> |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____          |   |
| 9. NAME OF FEDERAL AGENCY:<br>USDA- RHS & 514/516 FLH   |   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>10-415<br>TITLE: Rural Rental housing   |   |
| 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>JARDIN DE LAS FLORES, affordable farm labor rental housing, Healthcare Clinic and Community Center facility  |   |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>Smith River, Del Norte County, California  |   |
| 13. PROPOSED PROJECT  | 14. CONGRESSIONAL DISTRICTS OF:   |
| Start Date: 9/30/03    Ending Date: 9/30/05   | a. Applicant: First Congressional District    b. Project: First Congressional District  |
| 15. ESTIMATED FUNDING:  |   |
| a. Federal  | \$ 3,000,000.00   |
| b. Applicant  | \$ 391,224.00   |
| c. State  | \$ 3,000,000.00   |
| d. Local  | \$ 33,250.00  |
| e. Other  | \$ 1,717,800.00   |
| f. Program Income   | \$ .00  |
| g. TOTAL  | \$ 8,142,274.00   |
| 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE 03/19/03<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |   |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |   |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.   |   |
| a. Type Name of Authorized Representative<br>Dennis Conger  | b. Title<br>Executive director  |
| c. Telephone Number<br>(707) 464-7441   | d. Signature of Authorized Representative<br>   |
| e. Date Signed<br>3/19/03   |   |

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

|  |  |  |  |                            |  |
|--|--|--|--|----------------------------|--|
| 1. Type of Submission<br><b>Application</b><br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |  | 2. Date Submitted (mm/dd/yyyy)<br>03/26/2003   |  | Applicant Identifier       |  |
| Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |  | 3. Date Received by State (mm/dd/yyyy)   |  | State Applicant Identifier |  |
|  |  | 4. Date Received by Federal Agency (mm/dd/yyyy)  |  | Federal Identifier         |  |
| 5. APPLICANT INFORMATION   |  |  |  |                            |  |
| Legal Name:<br>WASCO AFFORDABLE HOUSING, INC.  |  |  | Organizational Unit:<br>HOUSING/NON-PROFIT   |                            |  |
| Address (give city, county, state, and zip code):<br>750 H ST.<br>WASCO, KERN COUNTY, CA, 93280  |  |  | Name and telephone number of the person to be contacted on matters involving this application (give area code):<br>PATRICK NEWMAN/ EXECUTIVE DIRECTOR<br>661-758-8406  |                            |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>9 1 - 2 1 5 4 1 6 2  |  |  | 7. TYPE OF APPLICANT:<br>(Enter appropriate letter in box)<br>N<br>A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Internunicipal<br>G. Special District<br>H. Independent School Dist.<br>I. State Controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Nonprofit<br>O. Public Housing Agency<br>P. Other (Specify) |                            |  |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es):<br>A. Increase Award<br>B. Decrease Award<br>C. Increase Duration<br>D. Decrease Duration<br>Other (specify): |  |  | 9. NAME OF FEDERAL AGENCY:<br>UNITED STATES DEPARTMENT OF AGRICULTURE/RURAL DEVELOPMENT  |                            |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yy)<br>1 0 . 4 0 5<br>TITLE: FARM LABOR HOUSING LOAN AND GRANT<br>514/516   |  |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>THE PROJECT INCLUDES A 52-UNIT MULTI-FAMILY FARM LABOR HOUSING PROJECT LOCATED IN THE CITY OF WASCO, CALIFORNIA.  |                            |  |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):<br>WASCO, KERN COUNTY, STATE OF CALIFORNIA   |  |  |  |                            |  |
| 13. PROPOSED PROJECT:<br>Start Date (mm/dd/yyyy): 04/01/2004<br>Ending Date (mm/dd/yyyy): 03/31/2005   |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant: 20TH DISTRICT<br>b. Project: 20TH DISTRICT  |  |                            |  |
| 15. ESTIMATED FUNDING:<br>Complete form HUD-424-M, Funding Matrix  |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE (mm/dd/yyyy):<br>b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br>OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |                            |  |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes," attach an explanation.<br><input checked="" type="checkbox"/> No  |  |  |  |                            |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.                                     |  |  |  |                            |  |
| a. Typed Name of Authorized Representative<br>PATRICK NEWMAN   |  |  | b. Title<br>EXECUTIVE DIRECTOR   |                            | c. Telephone number (Include Area Code) 661-758-8406 |
| d. Signature of Authorized Representative<br>   |  |  |  |                            | e. Date Signed (mm/dd/yyyy)<br>3-26-03               |

Previous Edition Usable  
(7/97)

Authorized for Local Reproduction

Standard Form 424  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|   |  |  |  |                                  |
|---|--|--|--|----------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction<br>Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>March 11, 2003 |  | Applicant Identifier             |
|   |  | <b>3. DATE RECEIVED BY STATE</b>           |  | State Application Identifier     |
|   |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  |  | Federal Identifier<br>APR 8 2003 |

RECEIVED  
 STATE HEARING HOUSE

|   |                               |  |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
|---|-------------------------------|--|--|---------|-----|--------------|----|--------|-----|----------|----|--|-----|----------|----|--|-----|----------|----|--------|-----|-------------------|----|--|-----|----------|----|---------|------|---|--|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br><i>I-5 Business Development Corridor, Inc.</i>  |                               | Organizational Unit:<br><i>STATE HEARING HOUSE</i>   |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| Address (give city, county, State, and zip code):<br><i>P.O. Box 487<br/>         Tranquillity, CA 93668 (Fresno County)</i>  |                               | Name and telephone number of person to be contacted on matters involving this application (give area code)<br><i>Richard Fosse (559) 855-6850</i>  |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             77-0437007           </div>  |                               | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div>             A. State<br/>             B. County<br/>             C. Municipal<br/>             D. Township<br/>             E. Interstate<br/>             F. Intermunicipal<br/>             G. Special District           </div> <div>             H. Independent School Dist.<br/>             I. State Controlled Institution of Higher Learning<br/>             J. Private University<br/>             K. Indian Tribe<br/>             L. Individual<br/>             M. Profit Organization<br/>             N. Other (Specify) <i>non-profit</i> </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> </div> |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| <b>8. TYPE OF APPLICATION:</b><br><div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____   |                               | <b>9. NAME OF FEDERAL AGENCY:</b><br><i>U.S.D.A.</i>   |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             10-769           </div><br>TITLE: <i>RBEG - Technical Assist, Small Bus.</i>   |                               | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><i>Technical Assistance for Rural Small Businesses in Western Fresno County, CA</i>  |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br><i>Coalinga • Firebaugh • Huron • Kerman • Mendota • Tranquillity</i>   |                               |  |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| <b>13. PROPOSED PROJECT</b><br><i>18, 19, 20</i>  |                               | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br><i>D. Cardoza - 18th • G. Radanovich - 19th • C. Dooley - 20th</i>   |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| Start Date<br><i>7-1-03</i>   | Ending Date<br><i>6-30-04</i> | a. Applicant<br><i>I-5 BDC, Inc</i>  | b. Project<br><i>Technical Assistance - Small Business</i> |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| <b>15. ESTIMATED FUNDING:</b>   |                               | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 40%; text-align: right;">177,535</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">14,800</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">35,200</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">227,535</td> <td style="text-align: right;">0.00</td> </tr> </table> |                               | a. Federal   | \$   | 177,535 | .00 | b. Applicant | \$ | 14,800 | .00 | c. State | \$ |  | .00 | d. Local | \$ |  | .00 | e. Other | \$ | 35,200 | .00 | f. Program Income | \$ |  | .00 | g. TOTAL | \$ | 227,535 | 0.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <i>3/12/03</i><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |
| a. Federal  | \$                            | 177,535  | .00  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| b. Applicant  | \$                            | 14,800   | .00  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| c. State  | \$                            |  | .00  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| d. Local  | \$                            |  | .00  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| e. Other  | \$                            | 35,200   | .00  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| f. Program Income   | \$                            |  | .00  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| g. TOTAL  | \$                            | 227,535  | 0.00   |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
|   |                               | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>  |                               |  |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| a. Type Name of Authorized Representative<br><i>Sergeant J. Green</i>   |                               | c. Telephone Number<br><i>(559) 698-7225</i>   |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| b. Title<br><i>President - I-5 BDC, Inc</i>   |                               | e. Date Signed<br><i>3-11-03</i>   |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |
| d. Signature of Authorized Representative<br>   |                               |  |  |         |     |              |    |        |     |          |    |  |     |          |    |  |     |          |    |        |     |                   |    |  |     |          |    |         |      |   |  |

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

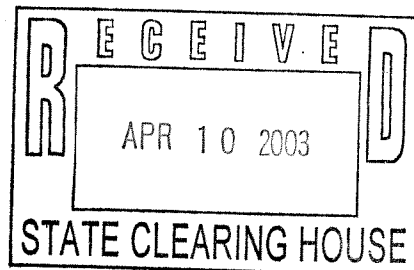


Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

|   |                        |  |                              |
|---|------------------------|--|------------------------------|
| 1. TYPE OF SUBMISSION:  |                        | 2. DATE SUBMITTED<br>4-24, 2003  | Applicant Identifier         |
| <input checked="" type="checkbox"/> Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |                        | 3. DATE RECEIVED BY STATE  | State Application Identifier |
| <input type="checkbox"/> Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |                        | 4. DATE RECEIVED BY FEDERAL AGENCY   | Federal Identifier           |
| 5. APPLICANT INFORMATION  |                        |  |                              |
| Legal Name:<br>Economic Resources Corporaiton   |                        | Organizational Unit:   |                              |
| Address (give city, county, State, and zip code):<br>2600 Industry Way<br>Lynwood, CA 90262<br>Los Angeles County   |                        | Name and telephone number of person to be contacted on matters involving this application (give area code):<br>Dutch C. Ross III<br>(310) 537-4610   |                              |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>95-2546360  |                        | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N  |                              |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other(specify): |                        | A. State H. Independent School Dist.<br>B. County I. State Controlled Institution of Higher Learning<br>C. Municipal J. Private University<br>D. Township K. Indian Tribe<br>E. Interstate L. Individual<br>F. Intermunicipal M. Profit Organization<br>G. Special District N. Other (Specify) <b>Non-profit 501(c)(3)</b> |                              |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>11-300<br>TITLE: <b>Public Works and Economic Development</b>   |                        | 9. NAME OF FEDERAL AGENCY:<br>U.S. Department of Commerce<br>Economic Development Administration   |                              |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>Lynwood, Compton, Los Angeles<br>So. Los Angeles County (Willowbrook area)   |                        | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>Fiber Optic Broadband Network   |                              |
| 13. PROPOSED PROJECT  |                        | 14. CONGRESSIONAL DISTRICTS OF:  |                              |
| Start Date<br>1-1-04  | Ending Date<br>9-30-04 | a. Applicant<br>39th   |                              |
| 15. ESTIMATED FUNDING:  |                        | b. Project<br>39th and 37th  |                              |
| a. Federal  | \$ 907,460.00          | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |                              |
| b. Applicant  | \$ 907,461.00          | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:   |                              |
| c. State  | \$                     | DATE <b>April 10, 2003</b>   |                              |
| d. Local  | \$                     | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |                              |
| e. Other  | \$                     | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                              |
| f. Program Income   | \$                     | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   |                              |
| g. TOTAL  | \$ 1,814,921.00        | <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No   |                              |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.   |                        |  |                              |
| a. Type Name of Authorized Representative<br>Dutch C. Ross III  |                        | b. Title<br>President & CEO  |                              |
| d. Signature of Authorized Representative<br><i>Dutch C. Ross III</i>   |                        | c. Telephone Number<br>(310) 537-4610  |                              |
|   |                        | e. Date Signed<br><b>April 10, 2003</b>  |                              |



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

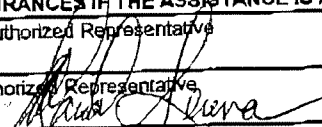
|   |                             |  |   |                                       |  |
|---|-----------------------------|--|---|---------------------------------------|--|
| 1. TYPE OF SUBMISSION:<br><input type="checkbox"/> Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |                             | 2. DATE SUBMITTED<br>March 25, 2003  |   | Applicant Identifier                  |  |
| Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |                             | 3. DATE RECEIVED BY STATE  |   | State Application Identifier          |  |
|   |                             | 4. DATE RECEIVED BY FEDERAL AGENCY   |   | Federal Identifier                    |  |
| 5. APPLICANT INFORMATION  |                             |  |   |                                       |  |
| Legal Name:<br>Peoples' Self-Help Housing Corporation   |                             |  | Organizational Unit:<br>N/A   |                                       |  |
| Address (give city, county, State, and zip code):<br>3533 Emleo Street<br>San Luis Obispo, CA 93401   |                             |  | Name and telephone number of person to be contacted on matters involving this application (give area code):<br>Mark Wilson (805) 781-3088 x460  |                                       |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>95-2750154  |                             |  | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b><br>A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School Dist.<br>I. State Controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Other (Specify) <u>Non-Profit</u> |                                       |  |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es):<br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other(specify):<br>_____ |                             |  | 9. NAME OF FEDERAL AGENCY:<br>USDA Rural Development  |                                       |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>10-405<br>TITLE:<br>_____   |                             |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>68 unit permanently affordable multi-family rental housing project located in Paso Robles, California. A project summary is attached.  |                                       |  |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>City of Paso Robles, San Luis Obispo County, California  |                             |  |   |                                       |  |
| 13. PROPOSED PROJECT  |                             | 14. CONGRESSIONAL DISTRICTS OF:  |   |                                       |  |
| Start Date<br>11/1/03   | Ending Date<br>3/1/05       | a. Applicant<br>22nd District  |   | b. Project<br>Same                    |  |
| 15. ESTIMATED FUNDING:  |                             | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |   |                                       |  |
| a. Federal  | \$ 400,000 <sup>00</sup>    | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE 03/27/03                        |   |                                       |  |
| b. Applicant  | \$ <sup>00</sup>            | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW       |   |                                       |  |
| c. State  | \$ 1,000,000 <sup>00</sup>  | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |   |                                       |  |
| d. Local  | \$ 550,000 <sup>00</sup>    |  |   |                                       |  |
| e. Other  | \$ 11,285,378 <sup>00</sup> |  |   |                                       |  |
| f. Program Income   | \$ <sup>00</sup>            |  |   |                                       |  |
| g. TOTAL  | \$ 13,235,378 <sup>00</sup> |  |   |                                       |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.                             |                             |  |   |                                       |  |
| a. Type Name of Authorized Representative<br>Scott Smith  |                             | b. Title<br>Assistant Secretary  |   | c. Telephone Number<br>(805) 781-3088 |  |
| d. Signature of Authorized Representative   |                             |  |   | e. Date Signed                        |  |

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>March 27, 2003 | Applicant Identifier         |
|   |  | <b>3. DATE RECEIVED BY STATE</b>           | State Application Identifier |
|   |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  | Federal Identifier           |

|   |  |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
|---|--|---|---------------|--------------|--------|----------|---------------|----------|--------------|----------|--------|-------------------|--------|----------|-----------------|--|--|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br>Yolo County Housing Authority<br>Address (give city, county, State, and zip code):<br>1224 Lemen Avenue, P.O. Box 1867<br>Woodland, CA 95776  |  | Organizational Unit:<br><br>Name and telephone number of person to be contacted on matters involving this application (give area code):<br>Danny Fred, Fred Consulting Associates<br>415-898-1750 |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>94 - 6003375   | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div>           A. State<br/>           B. County<br/>           C. Municipal<br/>           D. Township<br/>           E. Interstate<br/>           F. Intermunicipal<br/>           G. Special District         </div> <div>           H. Independent School Dist.<br/>           I. State Controlled Institution of Higher Learning<br/>           J. Private University<br/>           K. Indian Tribe<br/>           L. Individual<br/>           M. Profit Organization<br/>           N. Other (Specify) <u>Public Body</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> N         </div> |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____   |  | <b>9. NAME OF FEDERAL AGENCY:</b><br>USDA RD  |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>10 - 405<br>TITLE: Farm Labor Housing Loans and Grants   |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>New Construction of 6 Duplex Units in Esparto, California for Farmworker Housing.   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>Esparto, Yolo, California   |  |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| <b>13. PROPOSED PROJECT</b><br>6 Duplex Units   |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>First District  |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| Start Date<br>11/1/03   | Ending Date<br>6/1/04  | a. Applicant<br>Yolo County Housing Authority   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| <b>15. ESTIMATED FUNDING:</b><br>1,160,000  |  | b. Project<br>Country West II Duplexes  |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$ 600,000.00</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$ .00</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$ 500,000.00</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$ 60,000.00</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$ .00</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$ .00</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 1,160,000.00</td></tr> </table> |  | a. Federal  | \$ 600,000.00 | b. Applicant | \$ .00 | c. State | \$ 500,000.00 | d. Local | \$ 60,000.00 | e. Other | \$ .00 | f. Program Income | \$ .00 | g. TOTAL | \$ 1,160,000.00 | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE _____<br>b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |
| a. Federal  | \$ 600,000.00  |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| b. Applicant  | \$ .00   |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| c. State  | \$ 500,000.00  |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| d. Local  | \$ 60,000.00   |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| e. Other  | \$ .00   |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| f. Program Income   | \$ .00   |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| g. TOTAL  | \$ 1,160,000.00  |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
|   |  | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No                               |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>  |  |   |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| a. Type Name of Authorized Representative<br>Dave Serena  |  | b. Title<br>Executive Director  |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |
| d. Signature of Authorized Representative<br>  |  | c. Telephone Number<br>(530) 669-2219<br>e. Date Signed<br>3/25/03  |               |              |        |          |               |          |              |          |        |                   |        |          |                 |  |  |

APPLICATION FOR  
FEDERAL ASSISTANCE

1021 3/21/03 AM

OMB Approval No. 0348-0043

|  |                |   |                                     |
|--|----------------|---|-------------------------------------|
| 1. TYPE OF SUBMISSION:   |                | 2. DATE SUBMITTED<br>March 14, 2003   | Applicant Identifier                |
| <input type="checkbox"/> Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |                | 3. DATE RECEIVED BY STATE   | State Application Identifier        |
| <input checked="" type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |                | 4. DATE RECEIVED BY FEDERAL AGENCY  | Federal Identifier                  |
| 5. APPLICANT INFORMATION   |                |   |                                     |
| Legal Name:<br>Red Bluff Housing Investors, L.P.   |                | Organizational Unit:<br>a California limited partnership  |                                     |
| Address (give city, county, State, and zip code):<br>5400 E. Olympic Blvd., Suite 300<br>Los Angeles, CA 90022   |                | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Tara Barauskas (562) 256-2032   |                                     |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] to be determined   |                | 7. TYPE OF APPLICANT: (enter appropriate letter in box)   |                                     |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) [ ] [ ]<br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): |                | A. State    H. Independent School Dist. <input checked="" type="checkbox"/> N<br>B. County    I. State Controlled Institution of Higher Learning<br>C. Municipal    J. Private University<br>D. Township    K. Indian Tribe<br>E. Interstate    L. Individual<br>F. Intermunicipal    M. Profit Organization<br>G. Special District    N. Other (Specify) Limited Partnership |                                     |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>[ ] [ ] [ ] - [ ] [ ] [ ] [ ]<br>TITLE: Farm Labor Housing   |                | 9. NAME OF FEDERAL AGENCY:<br>USDA  |                                     |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>City of Red Bluff, County of Tehama   |                | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>New construction of a 61-unit farmworker family housing development in Red Bluff, California.  |                                     |
| 13. PROPOSED PROJECT   |                | 14. CONGRESSIONAL DISTRICTS OF:<br>2 (Federal and State), State Senate 4  |                                     |
| Start Date   | Ending Date    | a. Applicant  | b. Project<br>Creekside Village     |
| 15. ESTIMATED FUNDING:   |                | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |                                     |
| a. Federal   | \$ 100,000     | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE _____  |                                     |
| b. Applicant   | \$ 6,783,732   | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                                     |
| c. State   | \$             | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |                                     |
| d. Local   | \$             | <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |                                     |
| e. Other Perm  | \$ 1,488,942   |   |                                     |
| f. Program Income  | \$             |   |                                     |
| g. TOTAL   | \$ 8,372,674 0 |   |                                     |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.                                    |                |   |                                     |
| a. Type Name of Authorized Representative<br>John Clem   |                | b. Title<br>President   | c. Telephone Number<br>323-721-1655 |
| d. Signature of Authorized Representative<br><i>John Clem</i>  |                | e. Date Signed<br>3-21-03   |                                     |

# APPLICATION FOR FEDERAL ASSISTANCE

|                                    |                              |
|------------------------------------|------------------------------|
| 2. DATE SUBMITTED                  | Applicant Identifier         |
| 3. DATE RECEIVED BY STATE          | State Application Identifier |
| 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier           |

|  |   |   |   |
|--|---|---|---|
| 1. TYPE OF SUBMISSION<br>Application             |   | Preapplication                            |   |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Construction     | <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction |
| <input type="checkbox"/> Non-Construction        | <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction |

## 5. APPLICANT INFORMATION

Legal Name: **State of California**  
**Department of Housing and Community Development**

Organizational Unit:  
**Office of Migrant Services**

Address (give city, county, state, and zip code):  
**P.O. Box 952054**  
**Sacramento, CA 94252-2054**

Name and telephone number of the person to be contacted on matters involving this application (give area code)  
**Richard Golladay (916) 327-0919**

6. EMPLOYER IDENTIFICATION (EIN):  
**94 - 6001347**

7. TYPE OF APPLICANT: (enter appropriate letter here) **A**  
 A. State H. Independent School District  
 B. County I. State Controlled Institution of Higher Learning  
 C. Municipal J. Private University  
 D. Township K. Indian Tribe  
 E. Interstate L. Individual  
 F. Intermunicipal M. Profit Organization  
 G. Special District N. Other (Specify): \_\_\_\_\_

8. TYPE OF APPLICATION:  
☒ New ☐ Continuation ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es): o o  
 A. Increase Award B. Decrease Award  
 C. Increase Duration D. Decrease Duration  
 Other (Specify): \_\_\_\_\_

NAME OF FEDERAL AGENCY:  
**U.S.D.A. Rural Development**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **10 - 405**  
TITLE: **FmHA 514/516 Farm Labor Housing**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
**Replace migrant farmworker housing: 10 2-bedroom and 24 3-bedroom units, one laundry building, one office, and one community/day care building. Six existing 3-bedroom units will remain.**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  
**Town of Newell Modoc County, California**

## 13. PROPOSED PROJECT:

## 14. CONGRESSIONAL DISTRICT OF:

|                            |                        |
|----------------------------|------------------------|
| Start Date                 | End Date               |
| 15. Estimated Funding:     |                        |
| a. Federal                 | \$ <b>1,900,000.00</b> |
| b. Applicant               | \$                     |
| c. State                   | \$ <b>1,763,900.00</b> |
| d. Local: land donation    | \$ <b>50,000.00</b>    |
| e. Other - State Buildings | \$ <b>350,000.00</b>   |
| f. Program Income          | \$                     |
| g. TOTAL                   | \$ <b>4,063,900.00</b> |


a. Applicant: **4** b. Project: **4**

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:  
 DATE **3/27/03**  
 b. NO.  
☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

|  |                                    |  |
|--|------------------------------------|--|
| a. Typed Name of Authorized Representative<br><b>William J. Pavão</b>  | b. Title<br><b>Deputy Director</b> | c. Telephone Number<br><b>(916) 322-1560</b> |
| d. Signature of Authorized Representative<br> |                                    | e. Date Signed<br><b>3/27/03</b>             |

APPLICATION FOR  
FEDERAL ASSISTANCE

|  |                        |  |  |   |                               |
|--|------------------------|--|--|---|-------------------------------|
| 1. TYPE OF Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction  |                        | Pre-Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                              |  | 2. DATE SUBMITTED<br>3/26/03                  | Applicant Identifier          |
|  |                        |  |  | 3. DATE RECEIVED BY STATE                     | State Application Identifier  |
|  |                        |  |  | 4. DATE RECEIVED BY FEDERAL AGENCY<br>3/26/03 | Federal Identifier<br>R021438 |
| 5. APPLICANT INFORMATION   |                        |  |  |   |                               |
| Legal Name:  |                        |  | Organizational Unit:   |   |                               |
| Address (give city, county, state, and zip code):<br>1516 Ninth Street MS-1<br>Sacramento, CA 95814-5512   |                        |  | Name and telephone number of the person to be contacted on matters involving this application (give area code)   |   |                               |
| 6. EMPLOYER IDENTIFICATION/DUNS NUMBER:<br>EIN #: 680364962 DUNS #:  |                        |  | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">A</span>  |   |                               |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other (Specify): |                        |  | <input type="checkbox"/> State<br><input type="checkbox"/> County<br><input type="checkbox"/> Municipal<br><input type="checkbox"/> Township<br><input type="checkbox"/> Interstate<br><input type="checkbox"/> Intermunicipal<br><input type="checkbox"/> Special District<br><br><input type="checkbox"/> H. Independent School Dist.<br><input type="checkbox"/> I. State Controlled Institution of Higher Learning<br><input type="checkbox"/> J. Private University<br><input type="checkbox"/> K. Indian Tribe<br><input type="checkbox"/> L. Individual<br><input type="checkbox"/> M. Profit Organization<br><input type="checkbox"/> N. Other (Specify) |   |                               |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>81.041<br><br>TITLE:<br>STATE ENERGY PROGRAM   |                        |  | 9. NAME OF FEDERAL AGENCY:<br>U. S. Department of Energy   |   |                               |
| 12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.)<br>Statewide   |                        |  | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:<br>STATE ENERGY PROGRAM   |   |                               |
| 13. PROPOSED PROJECT:  |                        | 14. CONGRESSIONAL DISTRICTS  |  |   |                               |
| Start Date<br>7/1/03   | Ending Date<br>6/30/04 | a. Applicant<br>01   |  | b. Project<br>Statewide                       |                               |
| 15. ESTIMATED FUNDING:   |                        | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |  |   |                               |
| a. Federal   | \$3,034,000.00         | a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: 4/9/03 |  |   |                               |
| b. Applicant   | \$606,800.00           | b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372  |  |   |                               |
| c. State (incl. PVE)   | \$8,105,834.66         | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |  |   |                               |
| d. Local   | \$0.00                 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   |  |   |                               |
| e. Other   | \$0.00                 | <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No                               |  |   |                               |
| f. Program Income  | \$0.00                 |  |  |   |                               |
| g. TOTAL   | \$11,746,634.66        |  |  |   |                               |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES OF THE ASSISTANCE IS AWARDED.   |                        |  |  |   |                               |
| a. Typed Name of Authorized Representative<br>Robert L. Therkelsen   |                        | b. Title<br>Executive Director   |  | c. Telephone Number<br>(916) 654-4996         |                               |
| d. Signature of Authorized Representative  |                        |  |  | e. Date Signed                                |                               |

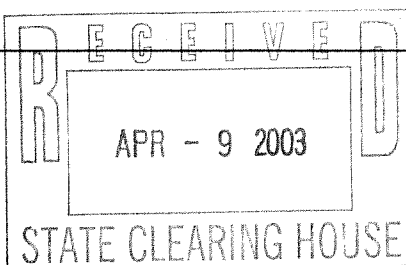
# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |   | <b>2. DATE SUBMITTED</b> <u>APRIL 5, 2003</u><br><b>February 25, 2003</b>           |  | Applicant Identifier                                   |  |
| <b>3. DATE RECEIVED BY STATE</b>  |   | State Application Identifier  |  |  |  |
| <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>   |   | Federal Identifier  |  |  |  |
| <b>5. APPLICANT INFORMATION</b>   |   |   |  |  |  |
| Legal Name: <u>SUNDALE MUTUAL WATER CO.</u>   |   |   | Organizational Unit: <u>CORPORATION</u>  |  |  |
| Address (give city, county, State, and zip code):<br><u>POST OFFICE 551</u><br><u>LANCASTER, CA 93534</u>   |   |   | Name and telephone number of person to be contacted on matters involving this application (give area code)<br><u>BRUCE NELSON (661) 942-2198</u>   |  |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><u>95-2750079</u>  |   |   | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State<br/>           B. County<br/>           C. Municipal<br/>           D. Township<br/>           E. Interstate<br/>           F. Intermunicipal<br/>           G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist.<br/>           I. State Controlled Institution of Higher Learning<br/>           J. Private University<br/>           K. Indian Tribe<br/>           L. Individual<br/>           M. Profit Organization<br/>           N. Other (Specify) _____         </div> </div> |  |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____ |   |   | <b>9. NAME OF FEDERAL AGENCY:</b><br><u>USDA, RURAL DEVELOPMENT</u>  |  |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><u>10-760</u><br>TITLE: _____  |   |   | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><u>SEE ATTACHED</u>  |  |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br><u>LOS ANGELES COUNTY + KERN COUNTY</u>   |   |   |  |  |  |
| <b>13. PROPOSED PROJECT</b>   |   | <b>14. CONGRESSIONAL DISTRICTS OF:</b> <u>21ST</u>                                  |  |  |  |
| Start Date<br><u>7-1-03</u>   | Ending Date<br><u>3-31-04</u>   | a. Applicant<br><u>SUNDALE MUTUAL WATER</u>   |  | b. Project<br><u>REPLACE LINES + (2) WATER SYSTEMS</u> |  |
| <b>15. ESTIMATED FUNDING:</b>   |   | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> |  |  |  |
| a. Federal<br>\$ <u>600,000.00</u>  | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <u>APRIL 7, 2003</u>                   |   |  |  |  |
| b. Applicant<br>\$ _____  | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW              |   |  |  |  |
| c. State<br>\$ _____  | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |   |  |  |  |
| d. Local<br>\$ _____  | g. TOTAL<br>\$ <u>660,000.00</u>  |   |  |  |  |
| e. Other<br><u>SUNDALE MUTUAL</u> \$ <u>60,000.00</u>   |   |   |  |  |  |
| f. Program Income<br>\$ _____   |   |   |  |  |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>  |   |   |  |  |  |
| a. Type Name of Authorized Representative<br><u>BRUCE E. NELSON</u>   |   | b. Title<br><u>TREASURER</u>  |  | c. Telephone Number<br><u>(661) 942-2198</u>           |  |
| d. Signature of Authorized Representative<br><u>[Signature]</u>   |   | e. Date Signed<br><u>APRIL 5, 2003</u>  |  |  |  |

Previous Edition Usable

Authorized for Local Reproduction



Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

APR - 9 2003

STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|  |  |  |                              |
|--|--|--|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>March 25, 2003 | Applicant Identifier         |
|  |  | <b>3. DATE RECEIVED BY STATE</b>           | State Application Identifier |
|  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  | Federal Identifier           |

|  |  |
|--|--|
| <b>5. APPLICANT INFORMATION</b>  |  |
| Legal Name:<br>City of Plymouth  | Organizational Unit:<br>City of Plymouth   |
| Address (give city, county, State, and zip code):<br>Plymouth City Hall, 9426 Main Street, P.O. Box 429,<br>Plymouth, Ca 95669   | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Kevin Bell (on behalf of the City)<br>(916)773-8100  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 — 6 0 5 0 1 2 7           </div>  | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div>             A. State<br/>             B. County<br/>             C. Municipal<br/>             D. Township<br/>             E. Interstate<br/>             F. Intermunicipal<br/>             G. Special District           </div> <div>             H. Independent School Dist.<br/>             I. State Controlled Institution of Higher Learning<br/>             J. Private University<br/>             K. Indian Tribe<br/>             L. Individual<br/>             M. Profit Organization<br/>             N. Other (Specify) _____           </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> </div> |
| <b>8. TYPE OF APPLICATION:</b><br><div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span><br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>D. Decrease Duration</div> <div>Other(specify): _____</div> </div> | <b>9. NAME OF FEDERAL AGENCY:</b><br>USDA RUS  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 — 7 6 0           </div><br>TITLE: Water and Waste Disposal Loan and Grant Program  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Wastewater collection system, wastewater treatment plant, and disposal facilities improvements.  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City of Plymouth and surrounding area  |  |
| <b>13. PROPOSED PROJECT</b>  | <b>14. CONGRESSIONAL DISTRICTS OF:</b>   |
| Start Date<br>8/1/03   | Ending Date<br>8/1/06  |
| a. Applicant<br>Doug Ose 3rd Cong Dist   |  |
| b. Project<br>Same   |  |
| <b>15. ESTIMATED FUNDING:</b>  |  |
| a. Federal   | \$ 751,000 <sup>00</sup>   |
| b. Applicant   | \$ <sup>00</sup>   |
| c. State   | \$ 80,000 <sup>00</sup>  |
| d. Local   | \$ <sup>00</sup>   |
| e. Other   | \$ <sup>00</sup>   |
| f. Program Income  | \$ <sup>00</sup>   |
| g. TOTAL   | \$ 831,000 <sup>00</sup>   |
| <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE _____<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |  |
| <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>   |  |
| a. Type Name of Authorized Representative<br>Selby Beck  | b. Title<br>Mayor  |
| c. Telephone Number<br>209-245-6941  |  |
| d. Signature of Authorized Representative<br>  |  |
| e. Date Signed<br>4-4-03   |  |

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE



APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use

## APPLICATION PART I

## 1. APPLICANT

2. Employer  
ID # (EIN)

95-2767537

Legal Name Santa Monica Community College DistrictOrganizational  
Unit KCRW Radio StationMailing Address  
(line 1) 1900 Pico Blvd.Address (line 2  
if required)City Santa Monica State CA County Los Angeles Zip 90405-1628Main  
Station  
Call  
LettersKCRW FM 89.9

Radio MHz TV Channel

## 3. Administrative Contact

E-mail will.lewis@kcrw.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr.

Will

Lewis

Management Consultant

Phone # (310) 314-4614Fax # (310) 450-7172

## 4. Engineering Contact

Full Name Mr. Steven HerbertEngineer  
Phone(310) 314-4652Title Chief Engineer

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation Y5b. Old  
File # 20686. Enter "Y" if new  
FCC authorizations Y  
are required

7. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V R  
or (RT) for both(B)roadcast or (N)onbroadcast B  
or (BN) for both8. Length of  
Project (# of  
months) 18

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast  
Station, Repeater or  
Translator, 1st local  
originationB. Broadcast  
Equipment  
Replacement,  
Augmentation ☒C. Digital TV  
ConversionD. Nonbroadcast  
(e.g. Distance  
Learning  
Activation or  
Expansion)10. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewedFIRST service added by  
proposed facilityCURRENTLY served by  
applicant.CURRENTLY served by  
applicant.CURRENTLY served by  
applicant.ADDED SERVICE to those  
covered by others753,197Enter "Y" if a  
multi-year  
applicationNEW service added by proposed  
facility4B

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 38,188

b. Applicant Share \$ 38,188

c. TOTAL \$ 76,376

d. Fed. % of eligible costs 50.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact  
Office of PTFP program is not selected for state  
review. Otherwise enter Yes.NO15. Is applicant delinquent on any Federal Debt?  
Enter YES or NO. If YES, attach explanation.NO11. Single  
Congressional  
District of  
Applicant2912. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)23rd  
24th

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (310) 434-4201

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr.

Thomas

J.

Donner

Chief Business Officer

Signature of authorized  
representativeDate  
signed4/2/03

Authorized for Local Reproduction

kayce

1

This form expires 10/31/2003 Previous Editions NOT usable

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

**17. Summary of application (Summarize the purposes of the application in a few sentences.)**

Replace aging transmitter, antenna, transmission line, bandpass filter and STL necessary to facilitate an FCC authorized power increase from 200 watts ERP to 850 watts ERP for KCRU, Oxnard. This will increase the city grade 60 dBu signal contour to additional sections of the county seat of nearby Ventura and parts of Santa Paula, adding service to some 67,000 persons. Additionally, this project offers the opportunity to realize site rental savings by replacing 3 hop STL with T-1 based STL system.

**18. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

H

**19. Station Operations**

|                  | THIS YEAR    |         | NEXT YEAR IF PROJECT FUNDED |         |
|------------------|--------------|---------|-----------------------------|---------|
|                  | Number       | Hrs./Wk | Number                      | Hrs./Wk |
| Full-Time Staff  | 13           | 40      | 13                          | 40      |
| Part-Time Staff  | 3            | 15      | 6                           | 15      |
| Volunteers       | 180          | 4       | 180                         | 4       |
| Operating Budget | \$ 9,958,245 |         | \$ 10,456,157               |         |

**20. Public Broadcasting Affiliations**

☐

Check if nonbroadcast application and therefore Q. 20 Not Applicable

Enter "Y" if applicant is currently CPB qualified

☐ Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

|           | PBS | NPR | NFCB | PRI | Other | Other |
|-----------|-----|-----|------|-----|-------|-------|
| This year |     | Y   |      | Y   |       |       |
| Next year |     | Y   |      | Y   |       |       |

**21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

| Proposed Community of license | Channel # | FCC File #      | Site Name   | Owned | Leased |
|-------------------------------|-----------|-----------------|-------------|-------|--------|
| Oxnard, CA                    | 206       | BPED-19970127ID | Laguna Peak |       | X      |
|                               |           |                 |             |       |        |
|                               |           |                 |             |       |        |
|                               |           |                 |             |       |        |

22. Yes ☒ No ☐  
(circle one)

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

**23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

|                   |              |
|-------------------|--------------|
| City              | Call Letters |
| Thousand Oaks, CA | KCLU         |
| City              | Call Letters |
| Thousand Oaks, CA | KCPB         |
| City              | Call Letters |
| Santa Barbara, CA | KFAC         |

**24. Areas affected by this Project (Cities, Counties, States, Etc.)**

Oxnard, Ventura, Santa Paula, Ventura County California

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|   |  |   |                              |
|---|--|---|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>April 4, 2003 | Applicant Identifier         |
|   |  | <b>3. DATE RECEIVED BY STATE</b>          | State Application Identifier |
|   |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> | Federal Identifier           |

|   |   |  |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
|---|---|--|-----|------------------|-----|--------------|----|----------|-----|----------|----|----------|-----|----------|----|----------|-----|----------|----|----------|-----|-------------------|----|----------|-----|----------|----|------------------|-----|--|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name: <u>San Andreas Sanitary District</u><br>Address (give city, county, State, and zip code):<br><u>P.O. Box 666 San Andreas</u><br><u>Calaveras County CA. 95249</u>  |   | Organizational Unit: <u>San Andreas Sanitary District</u><br>Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Gary McGeorge</u><br><u>209-754-3281</u>  |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><u>94-6050163</u>  | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div>           A. State<br/>           B. County<br/>           C. Municipal<br/>           D. Township<br/>           E. Interstate<br/>           F. Intermunicipal<br/>           G. Special District         </div> <div>           H. Independent School Dist.<br/>           I. State Controlled Institution of Higher Learning<br/>           J. Private University<br/>           K. Indian Tribe<br/>           L. Individual<br/>           M. Profit Organization<br/>           N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">G</div> |  |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| <b>8. TYPE OF APPLICATION:</b><br><div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____ | <b>9. NAME OF FEDERAL AGENCY:</b><br><u>United States Dept. Agriculture</u><br><u>Rural Development</u>   |  |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><u>Water and Waste Disposal</u> <span style="border: 1px solid black; padding: 0 5px;">10</span> - <span style="border: 1px solid black; padding: 0 5px;">760</span><br>TITLE: <u>Loan / Grant Program</u>   | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><u>Treated Effluent Outfall</u><br><u>Pipeline to the North Fork</u><br><u>of the Calaveras River</u>   |  |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br><u>Community of San Andreas</u>   |   |  |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date: <u>1/10/03</u> Ending Date: <u>1/1/04</u>  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br><u>3rd</u> <u>Doug Ose</u>  |  |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| <b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td><u>1,300,000</u></td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td><u>0</u></td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td><u>0</u></td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td><u>0</u></td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td><u>0</u></td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td><u>0</u></td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td><u>1,300,000</u></td><td>.00</td></tr> </table>  |   | a. Federal   | \$  | <u>1,300,000</u> | .00 | b. Applicant | \$ | <u>0</u> | .00 | c. State | \$ | <u>0</u> | .00 | d. Local | \$ | <u>0</u> | .00 | e. Other | \$ | <u>0</u> | .00 | f. Program Income | \$ | <u>0</u> | .00 | g. TOTAL | \$ | <u>1,300,000</u> | .00 | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <u>April 4, 2003</u><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal  | \$  | <u>1,300,000</u>   | .00 |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| b. Applicant  | \$  | <u>0</u>   | .00 |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| c. State  | \$  | <u>0</u>   | .00 |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| d. Local  | \$  | <u>0</u>   | .00 |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| e. Other  | \$  | <u>0</u>   | .00 |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| f. Program Income   | \$  | <u>0</u>   | .00 |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| g. TOTAL  | \$  | <u>1,300,000</u>   | .00 |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |   | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| a. Type Name of Authorized Representative<br><u>Gary McGeorge</u>   | b. Title<br><u>District Manager</u>   | c. Telephone Number<br><u>209-754-3281</u>   |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |
| d. Signature of Authorized Representative<br>   |   | e. Date Signed<br><u>April 4, 2003</u>   |     |                  |     |              |    |          |     |          |    |          |     |          |    |          |     |          |    |          |     |                   |    |          |     |          |    |                  |     |  |

Previous Edition Usable

Authorized for Local Reproduction

APR - 7 2003

STATE CLEARING HOUSE

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use

## 1. APPLICANT

2. Employer  
ID # (EIN)

94-6002544

Legal Name Monterey County Office of EducationOrganizational  
Unit Instructional Resources & Technology (IR&T)Mailing Address  
(line 1) Post Office Box 80851Address (line 2  
if required)City Salinas State CA County Monterey Zip 93912-0851Main  
Station  
Call  
Letters

Radio

MHz

TV

Channel

## 3. Administrative Contact

E-mail mmellon@monterey.k12.ca.us

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. MichaelR.MellonDirector, IR&TPhone # (831) 755-0383Fax # (831) 753-7888

## 4. Engineering Contact

Full Name Mr. Gerald ZimmerEngineer  
PhoneTitle Engineer(831) 755-0389

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File #6. Enter "Y" if new  
FCC authorizations Y  
are required

7. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V T  
or (RT) for both(B)roadcast or (N)onbroadcast N  
or (BN) for both8. Length of  
Project (# of  
months) 24

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast  
Station, Repeater or  
Translator; 1st local  
originationFIRST service added by  
proposed facilityADDED SERVICE to those  
covered by othersB. Broadcast  
Equipment  
Replacement,  
AugmentationCURRENTLY served by  
applicant.C. Digital TV  
ConversionCURRENTLY served by  
applicant.Enter "Y" if a  
multi-year  
applicationD. Nonbroadcast  
(e.g. Distance  
Learning  
Activation or  
Expansion)CURRENTLY served by  
applicant.67,853NEW service added by proposed  
facility5,14010. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewedSpecial Application

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 265,583b. Applicant Share \$ 265,583c. TOTAL \$ 531,166d. Fed. % of eligible costs 50.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact  
Office of PTFP program is not selected for state  
review. Otherwise enter Yes.Yes15. Is applicant delinquent on any Federal Debt?  
Enter YES or NO. If YES, attach explanation.NO11. Single  
Congressional  
District of  
Applicant1712. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)17

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (831) 755-0301

Mr., Ms., Dr. First Name

M. I.

Last Name

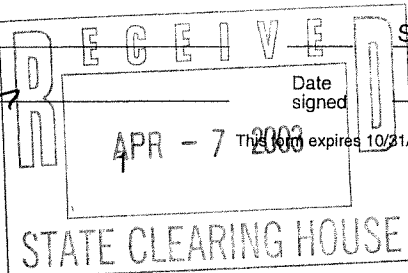
Jr. etc

Position

Mr. WilliamD.BarrSuperintendentSignature of authorized  
representativeDate  
signed4/03/03

Authorized for Local Reproduction

tkarwin



This form expires 10/31/2003 Previous Editions NOT usable

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

17. Summary of application (Summarize the purposes of the application in a few sentences.)

This project extends the Monterey County Distance Learning Network (Internet2) to four isolated rural communities in the southern Monterey County. The project will provide elementary and adult students with access to a broad range of distance learning resources that they need urgently for academic and economic development.

18. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

A

19. Station Operations

|                  | THIS YEAR    |         | NEXT YEAR IF PROJECT FUNDED |         |
|------------------|--------------|---------|-----------------------------|---------|
|                  | Number       | Hrs./Wk | Number                      | Hrs./Wk |
| Full-Time Staff  | 27           | 1120    | 27                          | 1120    |
| Part-Time Staff  | 1            | 30      | 1                           | 30      |
| Volunteers       | 0            | 0       | 0                           | 0       |
| Operating Budget | \$ 3,278,722 |         | \$ 3,311,502                |         |

20. Public Broadcasting Affiliations



Check if nonbroadcast application and therefore Q. 20 Not Applicable

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

|           | PBS | NPR | NFCB | PRI | Other | Other |
|-----------|-----|-----|------|-----|-------|-------|
| This year |     |     |      |     |       |       |
| Next year |     |     |      |     |       |       |

21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

| Proposed Community of license | Channel # | FCC File # | Site Name     | Owned | Leased |
|-------------------------------|-----------|------------|---------------|-------|--------|
| Greenfield, CA                | Pending   |            | Hanley Peak   |       | X      |
| San Antonio, CA               | Pending   |            | Williams Hill |       | X      |
|                               |           |            |               |       |        |
|                               |           |            |               |       |        |

22. Yes ☐ No ☒

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

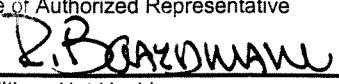
|                      |                      |
|----------------------|----------------------|
| City                 | Call Letters         |
| <input type="text"/> | <input type="text"/> |
| City                 | Call Letters         |
| <input type="text"/> | <input type="text"/> |
| City                 | Call Letters         |
| <input type="text"/> | <input type="text"/> |

24. Areas affected by this Project (Cities, Counties, States, Etc.)

Bradley, San Ardo, San Antonio, and San Lucas (all in Monterey County, CA)

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

# APPLICATION FOR FEDERAL ASSISTANCE

|  |             |   |                           |                            |   |
|--|-------------|---|---------------------------|----------------------------|---|
| 1. TYPE OF SUBMISSION  |             | 2. DATE SUBMITTED   | 3. DATE RECEIVED BY STATE | 4. DATE RECEIVED BY AGENCY | 5. APPLICANT INFORMATION                |
| <i>Application</i><br><input type="radio"/> Construction<br><input checked="" type="radio"/> Non-Construction  |             | <i>Preapplication</i><br><input type="radio"/> Construction<br><input type="radio"/> Non-Construction   | 4-3-03                    |                            | Applicant Identifier<br>LeeVining-AIP03 |
| Legal Name:<br>County of Mono<br>Address (give city, county, state and zip code):<br>PO Box 457<br>Bridgeport CA 93517   |             | Organizational Unit:<br>Department of Public Works<br>Name and telephone of the person to be contacted on matters involving this application (give area code)<br>Richard Boardman, Director<br>760-932-5440   |                           |                            |   |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):   |             | 7. TYPE OF APPLICANT: (enter appropriate letter in box)   |                           |                            |   |
| 9 5 - 6 0 0 5 6 6 1  |             | <input checked="" type="checkbox"/> B<br>A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School Dist.<br>I. State Controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Other (Specify): |                           |                            |   |
| 8. TYPE OF APPLICATION   |             | 9. NAME OF FEDERAL AGENCY:  |                           |                            |   |
| <input checked="" type="radio"/> New<br><input type="radio"/> Continuation<br><input type="radio"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award<br>B. Decrease Award<br>C. Increase Duration<br>D. Decrease Duration<br>E. Other (specify): |             | Federal Aviation Administration   |                           |                            |   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.   |             | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:   |                           |                            |   |
| 2 0 - 1 0 6<br>TITLE: AIRPORT IMPROVEMENT PROGRAM  |             | Lee Vining Airport<br>Planning, Environmental Assessment, CEQA EIR, Design<br>Only for Phase 1 Improvements   |                           |                            |   |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  |             |   |                           |                            |   |
| Lee Vining, Mono County, California  |             |   |                           |                            |   |
| 13. PROPOSED PROJECT   |             | 14. CONGRESSIONAL DISTRICTS OF:   |                           |                            |   |
| Start Date   | Ending Date | a. Applicant  |                           | b. Project                 |   |
| 6-1-03   | 9-30-05     | 25  |                           | 25                         |   |
| 15. ESTIMATED FUNDING:   |             | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |                           |                            |   |
| a. Federal   | 450,000.00  | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  |                           |                            |   |
| b. Applicant   |             | DATE 4-3-03   |                           |                            |   |
| c. State   | 22,500.00   | b. NO. <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372   |                           |                            |   |
| d. Local   | 27,500.00   | <input type="radio"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                           |                            |   |
| e. Other   | .00         |   |                           |                            |   |
| f. Program Income  | .00         | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |                           |                            |   |
| g. TOTAL   | 500,000.00  | <input type="radio"/> Yes, If "Yes", attach an explanation<br><input checked="" type="radio"/> No   |                           |                            |   |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED   |             |   |                           |                            |   |
| a. Typed Name of Authorized Representative   |             | b. Title  |                           | c. Telephone               |   |
| Richard Boardman   |             | Director  |                           | 760-932-5440               |   |
| d. Signature of Authorized Representative  |             |   |                           | e. Date Signed             |   |
|   |             |   |                           | 4/04/03                    |   |

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

|   |  |  |  |
|---|--|--|--|
| 2. DATE SUBMITTED<br>4-3-03   |  | Applicant Identifier<br>Bryant-AIP03   |  |
| 1. TYPE OF SUBMISSION<br><i>Application</i><br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |  | 3. DATE RECEIVED BY STATE<br>State Application Identifier  |  |
| <i>Preapplication</i><br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | 4. DATE RECEIVED BY AGENCY<br>Federal Identifier   |  |
| 5. APPLICANT INFORMATION<br>Legal Name:<br>County of Mono<br>Address (give city, county, state and zip code):<br>PO Box 457<br>Bridgeport CA 93517  |  | Organizational Unit:<br>Department of Public Works<br>Name and telephone of the person to be contacted on matters involving this application (give area code)<br>Richard Boardman, Director<br>760-932-5440  |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>9 5 - 6 0 0 5 6 6 1   |  | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>B</b><br>A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School Dist.<br>I. State Controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Other (Specify): |  |
| 8. TYPE OF APPLICATION<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award<br>B. Decrease Award<br>C. Increase Duration<br>D. Decrease Duration<br>E. Other (specify): |  | 9. NAME OF FEDERAL AGENCY:<br>Federal Aviation Administration  |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.<br>2 0 - 1 0 6<br>TITLE: AIRPORT IMPROVEMENT PROGRAM   |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>Bryant Field Airport<br>Obstruction Removal, Paving & Lighting<br>Remove obstructions, pave stopways, install lighted signs, distance markers, PAPI, REIL & miscellaneous lighting & vault modifications..  |  |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):<br>Bridgeport, Mono County, California  |  |  |  |
| 13. PROPOSED PROJECT<br>Start Date<br>6-1-03<br>Ending Date<br>9-30-06  |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant<br>25<br>b. Project<br>25  |  |
| 15. ESTIMATED FUNDING:<br>a. Federal<br>369,000 .00<br>b. Applicant<br>c. State<br>18,450.00<br>d. Local<br>22,550.00<br>e. Other<br>.00<br>f. Program Income<br>.00<br>g. TOTAL<br>410,000.00  |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON :<br>DATE 4-3-03<br>b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW            |  |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No  |  |  |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED  |  |  |  |
| a. Typed Name of Authorized Representative<br>Richard Boardman  |  | b. Title<br>Director   |  |
| d. Signature of Authorized Representative<br><i>R. Boardman</i>   |  | c. Telephone<br>760-932-5440   |  |
|   |  | e. Date Signed<br>4/04/03  |  |

Previous Editions Not Usable

STATE CLEARING HOUSE

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

# Application for Federal Assistance

## U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

03/28/2003

4. HUD Application Number

122-43099

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Auburn Park, Inc.

8. Organizational Unit

Auburn Park, Inc.

9. Address (give city, county, State, and zip code)

A. Address: 2025 Westwind Drive

B. City: Bakersfield

C. County: Kern

D. State: California

E. Zip Code: 93301

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Konny Boyd

B. Title: Owner

C. Phone: 661-322-3291

D. Fax: 661-322-3392

E. E-mail: konnyboyd@aol.com

11. Employer Identification Number (EIN) or SSN

47-0906983

12. Type of Applicant (enter appropriate letter in box)

M

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

☐ ☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 134

Title: Mortgage Insurance for Rental Housing

Component Title:

16. Descriptive Title of Applicant's Program

Section 232 New Construction. Proposed new construction is for a 79 unit (98 licensed bed) assisted living facility. The site is zoned R-3 (limited multiple-family dwelling) and has been approved for use as a multi unit, single story, assisted living facility for senior citizens age 62 or older by the City of Bakersfield. The project will have a lg. Lobby, coffee bar, billiard room, small movie theater, store, central dining room and library.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

Bakersfield, Kern County, California

18a. Proposed Program start date

Upon issuance of Loan

18b. Proposed Program end date

19a. Congressional Districts of Applicant

22nd

19b. Congressional Districts of Program

22nd

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☒ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 3/28/03

B. No ☐ Program is not covered by E.O. 12372

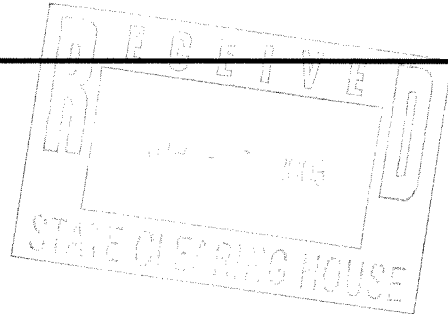
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐ Yes If "Yes," explain below or attach an explanation.





**Funding Matrix**

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program*      | HUD Share          | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income | Total              |
|---------------------|--------------------|-----------------|-----------------|---------------------|-------------|--------------------|-------|----------------|--------------------|
| 232                 | \$6,120,000        |                 |                 |                     |             |                    |       |                | \$6,120,000        |
|                     |                    |                 |                 |                     |             |                    |       |                |                    |
|                     |                    |                 |                 |                     |             |                    |       |                |                    |
|                     |                    |                 |                 |                     |             |                    |       |                |                    |
|                     |                    |                 |                 |                     |             |                    |       |                |                    |
| <b>Grand Totals</b> | <b>\$6,120,000</b> |                 |                 |                     |             |                    |       |                | <b>\$6,120,000</b> |

\* For FHIPs, show both initiative and component

**Certifications**

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Konny Boyd

Title: Owner

Date (mm/dd/yyyy)

03/28/2003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use2. Employer  
ID # (EIN)

77-0100756

## 1. APPLICANT

Legal Name Evergreen Valley College  
Organizational Unit Community College  
Mailing Address (line 1) 3095 Yerba Buena Road  
Address (line 2 if required) \_\_\_\_\_  
City San Jose State CA County Santa Clara Zip 95135-1598

Main  
Station  
Call  
Letters

Radio

MHz

TV

TV

Channel

## 3. Administrative Contact

E-mail adrienne.akinsete@sjeccd.cc.ca.us

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position  
Mrs. Adrienne  Akinsete  Dean

Phone # (408) 270-6450Fax # (408) 532-9212

## 4. Engineering Contact

Full Name Mr. Carl Fisher  
Title Media/Network Supervisor

Engineer  
Phone (408) 274-7900

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File # \_\_\_\_\_6. Enter "Y" if new  
FCC authorizations N  
are required

## 7. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both T (B)roadcast or (N)onbroadcast or (BN) for both N 8. Length of Project (# of months) 12

## 9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast  
Station, Repeater or  
Translator; 1st local  
originationB. Broadcast  
Equipment  
Replacement,  
AugmentationC. Digital TV  
ConversionD. Nonbroadcast  
(e.g. Distance  
Learning  
Activation or  
Expansion) ☒10. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewedFIRST service added by  
proposed facilityCURRENTLY served by  
applicant.CURRENTLY served by  
applicant.CURRENTLY served by  
applicant.

2,239

ADDED SERVICE to those  
covered by othersEnter "Y" if a  
multi-year  
applicationNEW service added by proposed  
facility

10,676

Special Application

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 395,754  
b. Applicant Share \$ 131,919  
c. TOTAL \$ 527,673  
d. Fed. % of eligible costs 75.00 %

## 14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact  
Office of PTFP program is not selected for state  
review. Otherwise enter Yes.

NO

15. Is applicant delinquent on any Federal Debt?  
Enter YES or NO. If YES, attach explanation.

NO

11. Single  
Congressional  
District of  
Applicant

16

12. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)

CA 1-52

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.

Phone # (408) 274-7900

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position  
Dr. H. Clay  Whitlow  President

Signature of authorized  
representativeDate  
signed

4/1/03

Authorized for Local Reproduction

akinsete

1

This form expires 10/31/2003 Previous Editions NOT usable

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0650-0003

**17. Summary of application (Summarize the purposes of the application in a few sentences.)**

The purpose of this project is to build two distance-learning classrooms with the capability to deliver one-way video and interactive course tools over the Internet, cablecast with an audio bridge, and two-way video conferencing.

**18. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

**19. Station Operations**

|                  | THIS YEAR  |         | NEXT YEAR IF PROJECT FUNDED |         |
|------------------|------------|---------|-----------------------------|---------|
|                  | Number     | Hrs./Wk | Number                      | Hrs./Wk |
| Full-Time Staff  | 2          | 40      | 3                           | 40      |
| Part-Time Staff  | 3          | 20      | 3                           | 20      |
| Volunteers       | 0          | 0       | 0                           | 0       |
| Operating Budget | \$ 206,597 |         | \$ 358,971                  |         |

**20. Public Broadcasting Affiliations**

☒

Check if nonbroadcast application and therefore Q. 20 Not Applicable

Enter "Y" if applicant is currently CPB qualified

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

|           | PBS | NPR | NFCB | PRI | Other | Other |
|-----------|-----|-----|------|-----|-------|-------|
| This year |     |     |      |     |       |       |
| Next year |     |     |      |     |       |       |

**21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

| Proposed Community of license | Channel # | FCC File # | Site Name | Owned | Leased |
|-------------------------------|-----------|------------|-----------|-------|--------|
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |

22. Yes ☐ No ☒ (circle one)

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

**23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

|                      |                      |
|----------------------|----------------------|
| City                 | Call Letters         |
| <input type="text"/> | <input type="text"/> |
| City                 | Call Letters         |
| <input type="text"/> | <input type="text"/> |
| City                 | Call Letters         |
| <input type="text"/> | <input type="text"/> |

**24. Areas affected by this Project (Cities, Counties, States, Etc.)**

San Jose California  
Santa Clara County  
California

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use2. Employer  
ID # (EIN)

94-2718837

## 1. APPLICANT

Legal Name Rural California Broadcasting Corporation  
Organizational Unit KRCB-FM  
Mailing Address (line 1) 5850 Labath Avenue  
Address (line 2 if required) \_\_\_\_\_  
City Rohnert Park State CA County Sonoma Zip 94928-

Main Station Call Letters KRCB FM 91.1 KRCB TV 22  
Radio MHz TV Channel

## 3. Administrative Contact

E-mail nancy\_dobbs@krcb.org

Mr./Ms./Dr. First Name M. I. Last Name Jr. etc Position  
Ms. Nancy Dobbs President and CEO

Phone # (707) 585-8522 ext. 102Fax # (707) 585-1363

## 4. Engineering Contact

Full Name Mr. Larry Stratton  
Title Chief Engineer

Engineer Phone (707) 585-8522

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N

5b. Old File # \_\_\_\_\_

6. Enter "Y" if new  
FCC authorizations N  
are required

7. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B

8. Length of  
Project (# of  
months) 12

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast  
Station, Repeater or  
Translator (not local  
origination)B. Broadcast  
Equipment  
Replacement,  
Augmentation ☒C. Digital TV  
ConversionD. Nonbroadcast  
(e.g. Distance  
Learning  
Activation or  
Expansion)10. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewedFIRST service added by  
proposed facilityCURRENTLY served by  
applicant.CURRENTLY served by  
applicant.CURRENTLY served by  
applicant.ADDED SERVICE to those  
covered by others221,037Enter "Y" if a  
multi-year  
applicationNEW service added by proposed  
facility2

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 18,298  
b. Applicant Share \$ 6,100  
c. TOTAL \$ 24,398  
d. Fed. % of eligible costs 75.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact  
Office of PTFP program is not selected for state  
review. Otherwise enter Yes.Yes15. Is applicant delinquent on any Federal Debt?  
Enter YES or NO. If YES attach explanation.NO11. Single  
Congressional  
District of  
Applicant612. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)CA-1

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (707) 585-8522

Mr./Ms./Dr. First Name M. I. Last Name Jr. etc Position  
Ms. Nancy Dobbs President and CEO

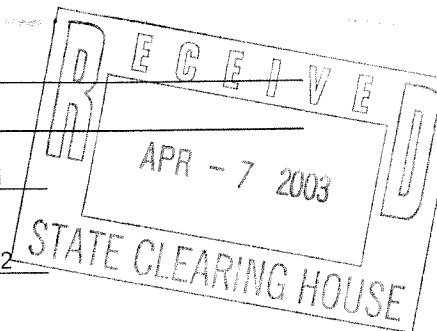
Signature of authorized  
representativeDate  
signed 4/3/03

Authorized for Local Reproduction

bruce Robinson

1

This form expires 10/31/2003 Previous Editions NOT usable



# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

17. Summary of application (Summarize the purposes of the application in a few sentences.)

This applications seeks Priority 2 replacement of antiquated and failing equipment in our audio production studio with new, digital-compatible equipment.

18. Types of Applicant (Enter appropriate letter in box)

- |  |   |
|--|---|
| A. State   | J. Private University                               |
| B. County  | K. Indian Tribe                                     |
| C. Municipal                                     | L. Individual (NOTE: Not eligible for PTFP funding) |
| D. Township                                      | M. Non-profit                                       |
| E. Interstate                                    | O. Other (specify)                                  |
| F. Intermunicipal                                |   |
| G. Special District                              |   |
| H. Independent School District                   |   |
| I. State Controlled Institute of Higher learning |   |

M

19. Station Operations

THIS YEAR

NEXT YEAR IF PROJECT FUNDED

Number

Hrs./Wk

Number

Hrs./Wk

Full-Time Staff

3

120

3

120

Part-Time Staff

4

85

4

85

Volunteers

120

4098

120

4098

Operating Budget \$

499,785 \$

533,795

20. Public Broadcasting Affiliations

Check if nonbroadcast application and therefore Q. 20 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

This year

Y

Y

Y

Next year

Y

Y

Y

21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license

Channel #

FCC File #

Site Name

Owned

Leased

1

22. Yes ☒ No

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City

Call Letters

Santa Rosa, CA

KBBF

City

Call Letters

City

Call Letters

24. Areas affected by this Project (Cities, Counties, States, Etc.)

Sonoma County, California, including the cities of Santa Rosa, Sebastopol, Healdsburg, Cloverdale, Asti, Rohnert Park and Cotati and widespread unincorporated areas.

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

## APPLICATION PART I

For PTFP  
Use2. Employer  
ID # (EIN)

68-0050440

## 1. APPLICANT

Legal Name Mendocino County Public BroadcastingOrganizational  
Unit KZYX-FMMailing Address  
(line 1) P.O. Box 1Address (line 2  
if required) 9300 Hwy. 128City Philo State CA County Mendocino Zip 95466-Main  
Station  
Call  
LettersKZYX FM 90.7

Radio MHz TV Channel

## 3. Administrative Contact

E-mail gm@kzyx.org

| Mr., Ms., Dr. | First Name   | M. I.     | Last Name     | Jr. etc | Position               |
|---------------|--------------|-----------|---------------|---------|------------------------|
|               | <u>Diane</u> | <u>L.</u> | <u>Hering</u> |         | <u>General Manager</u> |

Phone # (707) 895-2324Fax # (707) 895-2451

## 4. Engineering Contact

Full  
Name Owen O'TooleTitle Chief EngineerEngineer  
Phone(707) 895-2324

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File # \_\_\_\_\_6. Enter "Y" if new  
FCC authorizations N  
are required

7. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B8. Length of  
Project (# of  
months) 18

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast  
Station, Repeater or  
Translator; 1st local  
originationB. Broadcast  
Equipment  
Replacement,  
Augmentation ☒C. Digital TV  
ConversionD. Nonbroadcast  
(e.g. Distance  
Learning  
Activation or  
Expansion)10. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewedFIRST service added by  
proposed facilityCURRENTLY served by  
applicant.CURRENTLY served by  
applicant.CURRENTLY served by  
applicant.ADDED SERVICE to those  
covered by others66,871Enter "Y" if a  
multi-year  
applicationNEW service added by proposed  
facility2

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 41,789b. Applicant Share \$ 41,789c. TOTAL \$ 83,578d. Fed. % of eligible costs 50.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact  
Office of PTFP program is not selected for state  
review. Otherwise enter Yes.Yes15. Is applicant delinquent on any Federal Debt?  
Enter YES or NO. If YES, attach explanation.NO11. Single  
Congressional  
District of  
Applicant112. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)NONE

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (707) 895-2324

| Mr., Ms., Dr. | First Name   | M. I.    | Last Name     | Jr. etc | Position               |
|---------------|--------------|----------|---------------|---------|------------------------|
|               | <u>Diane</u> | <u>L</u> | <u>Hering</u> |         | <u>General Manager</u> |

Signature of authorized  
representativeDate  
signed3.31.03

Authorized for Local Reproduction

KZYX2

This form expires 10/31/2003 Previous Editions NOT usable

# Public Telecommunications Facilities Program

IA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

**17. Summary of application (Summarize the purposes of the application in a few sentences.)**

Mendocino County Public Broadcasting is requesting funds to replace aging equipment in our main broadcast studio, with digital-ready equipment, and to upgrade the equipment at our main transmitter site to make it compatible with new equipment in the main studio

**18. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

**19. Station Operations**

|                  | THIS YEAR  |         | NEXT YEAR IF PROJECT FUNDED |         |
|------------------|------------|---------|-----------------------------|---------|
|                  | Number     | Hrs./Wk | Number                      | Hrs./Wk |
| Full-Time Staff  | 6          | 40      | 6                           | 40      |
| Part-Time Staff  | 3          | 20      | 4                           | 20      |
| Volunteers       | 150        | 3       | 150                         | 3       |
| Operating Budget | \$ 421,000 |         | \$ 425,000                  |         |

**20. Public Broadcasting Affiliations**

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 20 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

|           | PBS | NPR | NFCB | PRI | Other | Other |
|-----------|-----|-----|------|-----|-------|-------|
| This year |     | Y   | Y    | Y   | Y     |       |
| Next year |     | Y   | Y    | Y   | Y     |       |

**21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

| Proposed Community of license | Channel # | FCC File # | Site Name | Owned | Leased |
|-------------------------------|-----------|------------|-----------|-------|--------|
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |

22. Yes ☒ No ☐  
(circle one)

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

**23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

|      |              |
|------|--------------|
| City | Call Letters |
|      |              |
| City | Call Letters |
|      |              |
| City | Call Letters |
|      |              |

**24. Areas affected by this Project (Cities, Counties, States, Etc.)**

Areas within first service area who rely on signal (Mendocino County, including Ft. Bragg, Mendocino, Albion, Elk, Pt. Arena, Boonville, Philo, Navarro, Yorkville, Ukiah, Hopland, Redwood Valley, Potter Valley, Covelo, Willits, Laytonville)

**REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)**

For PTFP  
Use

## APPLICATION PART I

2. Employer  
ID # (EIN)

68-0050440

## 1. APPLICANT

Legal Name Mendocino County Public BroadcastingOrganizational  
Unit KZYX-FMMailing Address  
(line 1) P.O. Box 1Address (line 2  
if required) 9300 Hwy. 128City Philo State CA County Mendocino Zip 95466-Main  
Station  
Call  
LettersKZYX FM 90.7

Radio MHz TV Channel

## 3. Administrative Contact

E-mail gm@kzyx.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

DianeL.HeringGeneral ManagerPhone # (707) 895-2324Fax # (707) 895-2451

## 4. Engineering Contact

Full Name Owen O'TooleEngineer  
Phone(707) 895-2324Title Chief Engineer

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File # \_\_\_\_\_6. Enter "Y" if new  
FCC authorizations  
are required N

7. Enter letter(s) to classify project

(P)anning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both R(B)roadcast or (N)onbroadcast  
or (BN) for both B8. Length of  
Project (# of  
months) 18

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast  
Station, Repeater or  
Translator; 1st local  
origination ☒B. Broadcast  
Equipment  
Replacement,  
Augmentation \_\_\_\_\_C. Digital TV  
Conversion \_\_\_\_\_D. Nonbroadcast  
(e.g. Distance  
Learning  
Activation or  
Expansion) \_\_\_\_\_10. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewedFIRST service added by  
proposed facility7,701CURRENTLY served by  
applicant. \_\_\_\_\_CURRENTLY served by  
applicant. \_\_\_\_\_CURRENTLY served by  
applicant. \_\_\_\_\_ADDED SERVICE to those  
covered by others0Enter "Y" if a  
multi-year  
application \_\_\_\_\_NEW service added by proposed  
facility \_\_\_\_\_1B

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 84,900b. Applicant Share \$ 28,301c. TOTAL \$ 113,201d. Fed. % of eligible costs 75.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact  
Office of PTFP program is not selected for state  
review. Otherwise enter Yes.Yes15. Is applicant delinquent on any Federal Debt?  
Enter YES or NO. If YES, attach explanation.NO11. Single  
Congressional  
District of  
Applicant112. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)NONE

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (707) 895-2324

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

DianeLHeringGeneral ManagerSignature of authorized  
representativeDate  
signed3.31.03

Authorized for Local Reproduction

KZYX1

This form expires 10/31/2003 Previous Editions NOT usable



# Public Telecommunications Facilities Program

U.S. Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

**17. Summary of application (Summarize the purposes of the application in a few sentences.)**

KZYX seeks partial support from PTFP for a power increase for repeater station KZYZ that will provide first public radio service for 7,701 people.

**18. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

**19. Station Operations**

|                  | THIS YEAR  |         | NEXT YEAR IF PROJECT FUNDED |         |
|------------------|------------|---------|-----------------------------|---------|
|                  | Number     | Hrs./Wk | Number                      | Hrs./Wk |
| Full-Time Staff  | 6          | 40      | 6                           | 40      |
| Part-Time Staff  | 3          | 20      | 4                           | 20      |
| Volunteers       | 150        | 3       | 150                         | 3       |
| Operating Budget | \$ 421,000 |         | \$ 425,000                  |         |

**20. Public Broadcasting Affiliations**

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 20 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

|           | PBS | NPR | NFCB | PRI | Other | Other |
|-----------|-----|-----|------|-----|-------|-------|
| This year |     | Y   | Y    | Y   | Y     |       |
| Next year |     | Y   | Y    | Y   | Y     |       |

**21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

| Proposed Community of license | Channel # | FCC File # | Site Name | Owned | Leased |
|-------------------------------|-----------|------------|-----------|-------|--------|
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |

**22. Yes** ☒ **No**  
(circle one)

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

**23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

|      |              |
|------|--------------|
| City | Call Letters |
|      |              |
| City | Call Letters |
|      |              |
| City | Call Letters |
|      |              |

**24. Areas affected by this Project (Cities, Counties, States, Etc.)**

Inland Mendocino County (cities of Willits, Ukiah, Hopland), Northern Mendocino County (Laytonville, Garberville), Southern Mendocino and Northern Sonoma County (Cloverdale, Healdsburg, Geyserville, Napa), Eastern Mendocino County and Western Lake County

**REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)**

Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

|  |                                |  |                              |
|--|--------------------------------|--|------------------------------|
| 1. TYPE OF SUBMISSION:   |                                | 2. DATE SUBMITTED<br>April 3, 2003   | Applicant Identifier         |
| Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |                                | 3. DATE RECEIVED BY STATE  | State Application Identifier |
| Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |                                | 4. DATE RECEIVED BY FEDERAL AGENCY   | Federal Identifier           |
| 5. APPLICANT INFORMATION   |                                |  |                              |
| Legal Name: <u>Redevelopment Agency of the City and County of San Francisco</u>  |                                | Organizational Unit: <u>San Francisco Redevelopment Agency</u>   |                              |
| Address (give city, county, State, and zip code):<br><u>770 Golden Gate Avenue</u><br><u>San Francisco, CA 94102-3120</u>  |                                | Name and telephone number of person to be contacted on matters involving this application (give area code):<br><u>KEVIN MASUDA</u><br><u>tel: 415-749-2508</u><br><u>fax: 415-749-2526</u> <u>kevin.masuda@sfgov.org</u>   |                              |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br><u>94-6050254</u>  |                                | 7. TYPE OF APPLICANT: (enter appropriate letter in box)  |                              |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es):<br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other (specify): |                                | <input checked="" type="checkbox"/> N<br>A. State    H. Independent School Dist.<br>B. County    I. State Controlled Institution of Higher Learning<br>C. Municipal    J. Private University<br>D. Township    K. Indian Tribe<br>E. Interstate    L. Individual<br>F. Intermunicipal    M. Profit Organization<br>G. Special District    N. Other (Specify) <u>QUASI-Gov't Agency</u> |                              |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><u>11-201</u>  |                                | 9. NAME OF FEDERAL AGENCY:<br><u>Department of Commerce</u><br><u>Economic Development Administration</u>  |                              |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br><u>City and County of San Francisco</u>   |                                | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br><u>Abatements and deconstruction of existing buildings at Hunters Point Shipyard</u>  |                              |
| 13. PROPOSED PROJECT   |                                | 14. CONGRESSIONAL DISTRICTS OF:<br><u>California 8th District</u>  |                              |
| Start Date<br><u>10/15/03</u>  | Ending Date<br><u>12/31/04</u> | a. Applicant<br><u>Same</u>  | b. Project<br><u>Same</u>    |
| 15. ESTIMATED FUNDING:   |                                | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |                              |
| a. Federal   | \$ <u>\$1,330,000</u>          | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <u>April 3, 2003</u>  |                              |
| b. Applicant   | \$ <u>\$133,000</u>            | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                              |
| c. State   | \$ <u>\$0</u>                  | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   |                              |
| d. Local   | \$ <u>\$0</u>                  | <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |                              |
| e. Other   | \$ <u>\$0</u>                  | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  |                              |
| f. Program Income  | \$ <u>\$0</u>                  | a. Type Name of Authorized Representative<br><u>Marcia Rosen</u>   |                              |
| g. TOTAL   | \$ <u>\$1,463,000</u>          | b. Title<br><u>Executive Director</u>  |                              |
|  |                                | c. Telephone Number<br><u>415-749-2400</u>   |                              |
|  |                                | d. Signature of Authorized Representative<br><u>Marcia Rosen</u>   |                              |
|  |                                | e. Date Signed<br><u>April 3, 2003</u>   |                              |

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

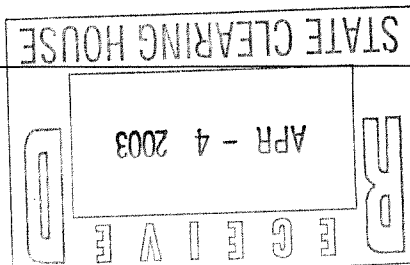
# APPLICATION FOR FEDERAL ASSISTANCE

|   |  |                                       |                                     |
|---|--|---------------------------------------|-------------------------------------|
| <b>1. TYPE OF SUBMISSION</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Application</b><br/> <input type="checkbox"/> Construction<br/> <input checked="" type="checkbox"/> Non-Construction         </div> <div> <b>Preapplication</b><br/> <input type="checkbox"/> Construction<br/> <input type="checkbox"/> Non-Construction         </div> </div> |  | <b>2. DATE SUBMITTED</b><br>3/14/2003 | <b>Applicant Identifier</b>         |
|   |  | <b>3. DATE RECEIVED BY STATE</b>      | <b>State Application Identifier</b> |
|   |  | <b>4. DATE RECEIVED BY AGENCY</b>     | <b>Federal Identifier</b>           |

|  |  |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
|--|--|--|--------------|-------------|----------|--------|----------|--------|----------|--------|-------------------|--------|----------|------------------|---|--|
| <b>5. APPLICANT INFORMATION</b><br><b>Legal Name:</b><br>Community Action Agency of Butte County, Inc.<br><b>Address (give city, county, state and zip code):</b><br>2255 Del Oro Avenue, Oroville, Ca 95965   |  | <b>Organizational Unit:</b><br><br><b>Name and telephone of the person to be contacted on matters involving this application (give area code)</b><br>Thomas P. Tenorio<br>(530) 538-7559 |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 1 6 4 0 5 4 6         </div>  | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b>   |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <b>8. TYPE OF APPLICATION</b><br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br><div style="display: flex; justify-content: space-around;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-around;"> <div>D. Decrease Duration</div> <div>E. Other (specify):</div> </div>  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           A. State<br/>           C. Municipal<br/>           D. Township<br/>           E. Interstate<br/>           F. Intermunicipal<br/>           G. Special District         </div> <div style="width: 50%;">           H. Independent School Dist.<br/>           J. Private University<br/>           K. Indian Tribe<br/>           L. Individual<br/>           M. Profit Organization<br/>           N. Other (Specify): <u>Non-profit organization</u> </div> </div> |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           1 0 - 7 6 9         </div>  |  | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. DEPARTMENT OF AGRICULTURE  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>Oroville, Paradise, Butte County, California   |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Child Care Expansion and Enterprise Feasibility  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date    Ending Date<br>8/1/2003    8/1/2004   | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant      2      b. Project      2   |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <b>15. ESTIMATED FUNDING</b>   | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$50,000.00</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$12,000.00</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$62,000. \$0.00</td></tr> </table> | a. Federal   | \$50,000.00  | b. Applicant | \$12,000.00 | c. State | \$0.00 | d. Local | \$0.00 | e. Other | \$0.00 | f. Program Income | \$0.00 | g. TOTAL | \$62,000. \$0.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <u>March 14, 2003</u><br>b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |
| a. Federal   | \$50,000.00  |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| b. Applicant   | \$12,000.00  |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| c. State   | \$0.00   |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| d. Local   | \$0.00   |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| e. Other   | \$0.00   |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| f. Program Income  | \$0.00   |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| g. TOTAL   | \$62,000. \$0.00   |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No  |  |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>  |  |  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| a. Typed Name of Authorized Representative<br>Thomas P. Tenorio  | b. Title<br>Executive Director   | c. Telephone<br>(530) 538-7559   |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |
| d. Signature of Authorized Representative<br>  |  | e. Date Signed<br>3/14/03  |              |             |          |        |          |        |          |        |                   |        |          |                  |   |  |

Previous Editions Not Usable  
Authorized for Local Reproduction



Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|   |  |   |                              |
|---|--|---|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction<br>Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>April 2, 2003         | Applicant Identifier         |
|   |  | <b>3. DATE RECEIVED BY STATE</b><br>April 2, 2003 | State Application Identifier |
|   |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>         | Federal Identifier           |

|  |  |  |
|--|--|--|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br>Tulare County Health & Human Services Agency (HHSA)        |  | Organizational Unit:<br>Primary Care   |
| Address (give city, county, State, and zip code):<br>5957 S. Mooney Blvd.<br>Visalia, CA 93277 Tulare County |  | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Karen Haught, M.D.<br>(559) 737-4660 ext. 2305 |

|   |   |
|---|---|
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>94-6000545 | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div>           A. State<br/>           B. County<br/>           C. Municipal<br/>           D. Township<br/>           E. Interstate<br/>           F. Intermunicipal<br/>           G. Special District         </div> <div>           H. Independent School Dist.<br/>           I. State Controlled Institution of Higher Learning<br/>           J. Private University<br/>           K. Indian Tribe<br/>           L. Individual<br/>           M. Profit Organization<br/>           N. Other (Specify) _____         </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> B         </div> |
|---|---|

|  |   |
|--|---|
| <b>8. TYPE OF APPLICATION:</b><br><div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           A. Increase Award<br/>           D. Decrease Duration         </div> <div>           B. Decrease Award<br/>           Other(specify): _____         </div> <div>           C. Increase Duration         </div> </div> | <b>9. NAME OF FEDERAL AGENCY:</b><br>USDA Rural Development Rural Housing Service |
|--|---|

|   |   |
|---|---|
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="text-align: center; margin-top: 10px;"> <span style="border: 1px solid black; padding: 2px 10px;">10</span> - <span style="border: 1px solid black; padding: 2px 10px;">766</span> </div> TITLE: Community Facilities Loans & Grants | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Binocular Microscope for Lindsay Clinic |
|---|---|

|   |  |
|---|--|
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City of Lindsay |  |
|---|--|

|  |   |
|--|---|
| <b>13. PROPOSED PROJECT</b><br>Equipment | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>Congressional District 21 |
|--|---|

|                     |                    |   |  |
|---------------------|--------------------|---|--|
| Start Date<br>04/03 | Ending Date<br>N/A | <b>a. Applicant</b><br>Tulare County HHSA | <b>b. Project</b><br>Binocular Microscope for Lindsay Clinic |
|---------------------|--------------------|---|--|

|  |   |
|--|---|
| <b>15. ESTIMATED FUNDING:</b><br>\$1,132 | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE April 2, 2003<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
|--|---|

|   |            |     |       |     |     |              |     |    |     |     |          |  |    |  |     |          |  |    |  |     |          |  |    |  |     |                   |  |    |  |     |          |      |    |       |     |   |
|---|------------|-----|-------|-----|-----|--------------|-----|----|-----|-----|----------|--|----|--|-----|----------|--|----|--|-----|----------|--|----|--|-----|-------------------|--|----|--|-----|----------|------|----|-------|-----|---|
| <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">55%</td> <td style="width:20%;">\$</td> <td style="width:20%;">623</td> <td style="width:20%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>45%</td> <td>\$</td> <td>509</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td></td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td></td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td></td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td></td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>100%</td> <td>\$</td> <td>1,132</td> <td>.00</td> </tr> </table> | a. Federal | 55% | \$    | 623 | .00 | b. Applicant | 45% | \$ | 509 | .00 | c. State |  | \$ |  | .00 | d. Local |  | \$ |  | .00 | e. Other |  | \$ |  | .00 | f. Program Income |  | \$ |  | .00 | g. TOTAL | 100% | \$ | 1,132 | .00 | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |
| a. Federal  | 55%        | \$  | 623   | .00 |     |              |     |    |     |     |          |  |    |  |     |          |  |    |  |     |          |  |    |  |     |                   |  |    |  |     |          |      |    |       |     |   |
| b. Applicant  | 45%        | \$  | 509   | .00 |     |              |     |    |     |     |          |  |    |  |     |          |  |    |  |     |          |  |    |  |     |                   |  |    |  |     |          |      |    |       |     |   |
| c. State  |            | \$  |       | .00 |     |              |     |    |     |     |          |  |    |  |     |          |  |    |  |     |          |  |    |  |     |                   |  |    |  |     |          |      |    |       |     |   |
| d. Local  |            | \$  |       | .00 |     |              |     |    |     |     |          |  |    |  |     |          |  |    |  |     |          |  |    |  |     |                   |  |    |  |     |          |      |    |       |     |   |
| e. Other  |            | \$  |       | .00 |     |              |     |    |     |     |          |  |    |  |     |          |  |    |  |     |          |  |    |  |     |                   |  |    |  |     |          |      |    |       |     |   |
| f. Program Income   |            | \$  |       | .00 |     |              |     |    |     |     |          |  |    |  |     |          |  |    |  |     |          |  |    |  |     |                   |  |    |  |     |          |      |    |       |     |   |
| g. TOTAL  | 100%       | \$  | 1,132 | .00 |     |              |     |    |     |     |          |  |    |  |     |          |  |    |  |     |          |  |    |  |     |                   |  |    |  |     |          |      |    |       |     |   |

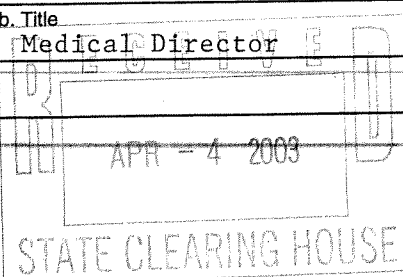
|  |  |
|--|--|
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |  |
|--|--|

|  |                                     |  |
|--|-------------------------------------|--|
| <b>a. Type Name of Authorized Representative</b><br>Karen Haught, M.D. | <b>b. Title</b><br>Medical Director | <b>c. Telephone Number</b><br>(559) 737-4660 ext. 2305 |
| <b>d. Signature of Authorized Representative</b><br>                   |                                     | <b>e. Date Signed</b><br>April 2, 2003                 |

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

|  |  |   |  |                                       |  |
|--|--|---|--|---------------------------------------|--|
| 1. TYPE OF SUBMISSION:<br>Application<br>Construction<br>XX Non-Construction   |  | 2. DATE SUBMITTED   |  | Applicant Identifier                  |  |
| 3. DATE RECEIVED BY STATE  |  | State Application Identifier  |  |                                       |  |
| 4. DATE RECEIVED BY FEDERAL AGENCY   |  | Federal Identifier  |  |                                       |  |
| 5. APPLICATION INFORMATION   |  |   |  |                                       |  |
| Legal Name<br>The Regents of the University of California  |  | Organizational Unit<br>CE-CERT  |  |                                       |  |
| Address (give city, county, state, and zip code)<br>University of California, Riverside<br>Office of Research Affairs<br>200 University Office Building<br>Riverside, CA 92521   |  | Name and telephone number of the person to be contacted on matters involving this application (give area code)<br>Administrative Contact<br>Linda L. Bryant<br>909-787-5535   |  |                                       |  |
|  |  | Technical Contact<br>Matthew Barth<br>909-781-5782  |  |                                       |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>9 5 — 6 0 0 6 1 4 2  |  | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I   |  |                                       |  |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New Continuation Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other (specify): |  | A. State H. Independent School Dist.<br>B. County I. State Controlled Institution of Higher Learning<br>C. Municipal J. Private University<br>D. Township K. Indian Tribe<br>E. Interstate L. Individual<br>F. Intermunicipal M. Profit Organization<br>G. Special District N. Other (Specify):                             |  |                                       |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 5 0 0   |  | 9. NAME OF FEDERAL AGENCY:<br>Environmental Protection Agency   |  |                                       |  |
| TITLE: 2003-STAR-D2, Changes in the spatial distribution of mobile source emissions  |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>Projecting Future Spatial and Temporal Distributions in Mobile Source Emissions  |  |                                       |  |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)<br>All USA  |  |   |  |                                       |  |
| 13. PROPOSED PROJECT:<br>Start Date 10/1/03 Ending Date 9/30/06  |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant CA 44 b. Project CA 44  |  |                                       |  |
| 15. ESTIMATED FUNDING:<br>a. Federal \$741,261<br>b. Applicant \$<br>c. State \$<br>d. Local \$<br>e. Other \$<br>f. Program Income \$<br>g. TOTAL \$741,261   |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE 4/04/03<br>b. NO. PROGRAM IS NOT COVERED BY E.O. 12372<br>OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |                                       |  |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br>Yes If "Yes," attach an explanation. No  |  |   |  |                                       |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED                      |  |   |  |                                       |  |
| a. Typed Name of Authorized Representative<br>Linda Bryant   |  | b. Title<br>Contracts and Grants Analyst  |  | c. Telephone number<br>(909) 787-5535 |  |
| d. Signature of Authorized Representative<br><i>Linda L. Bryant</i>  |  |   |  | e. Date Signed<br>4/4/03              |  |

Authorized for Local Reproduction

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|   |  |   |                              |
|---|--|---|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>April 1, 2003 | Applicant Identifier         |
|   |  | <b>3. DATE RECEIVED BY STATE</b>          | State Application Identifier |
|   |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> | Federal Identifier           |

|   |  |  |
|---|--|--|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br>City of Orange Cove<br>Address (give city, county, State, and zip code):<br>633 Sixth Street<br>Orange Cove, CA 93646 |  | Organizational Unit:<br>Department of Public Works<br>Name and telephone number of person to be contacted on matters involving this application (give area code):<br>Jose Antonio Ramirez, City Administrator<br>(559)626-5103 |
|---|--|--|

|   |   |
|---|---|
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">         9 4 — 6 0 0 3 0 6 5       </div> | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">C</div> <div style="clear: both;"></div> A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School Dist.<br>I. State Controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Other (Specify) _____ |
|---|---|

|   |  |
|---|--|
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____ | <b>9. NAME OF FEDERAL AGENCY:</b><br>US Department of Agriculture - Rural Utility Services |
|---|--|

|   |   |
|---|---|
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">         1 0 — 7 6 0       </div><br>TITLE: Water and Wastewater Loan and Grant Program | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Repair and upgrade sewage collection and treatment system: repairing sewer lines damaged by storms, installing an interceptor along Monson Avenue, and modifying the existing sewage treatment plant to increase average dry weather flow frm 1 to 2 MGD and change to land disposal of effluent. |
|---|---|

|   |  |
|---|--|
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City of Orange Cove |  |
|---|--|

|  |   |
|--|---|
| <b>13. PROPOSED PROJECT</b><br>Start Date: 7/01/01    Ending Date: 9/30/04 | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant District # 20<br>b. Project District #20 |
|--|---|

|  |            |     |            |           |              |    |     |         |          |    |     |           |          |    |     |  |          |    |     |           |                   |    |     |   |          |    |     |            |   |
|--|------------|-----|------------|-----------|--------------|----|-----|---------|----------|----|-----|-----------|----------|----|-----|--|----------|----|-----|-----------|-------------------|----|-----|---|----------|----|-----|------------|---|
| <b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">.00</td> <td style="width:60%; text-align: right;">5,680,343</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">151,000</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">9,160,000</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">1,481,313</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">0</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">16,472,656</td> </tr> </table> | a. Federal | \$  | .00        | 5,680,343 | b. Applicant | \$ | .00 | 151,000 | c. State | \$ | .00 | 9,160,000 | d. Local | \$ | .00 |  | e. Other | \$ | .00 | 1,481,313 | f. Program Income | \$ | .00 | 0 | g. TOTAL | \$ | .00 | 16,472,656 | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <u>March 31, 2003</u><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal   | \$         | .00 | 5,680,343  |           |              |    |     |         |          |    |     |           |          |    |     |  |          |    |     |           |                   |    |     |   |          |    |     |            |   |
| b. Applicant   | \$         | .00 | 151,000    |           |              |    |     |         |          |    |     |           |          |    |     |  |          |    |     |           |                   |    |     |   |          |    |     |            |   |
| c. State   | \$         | .00 | 9,160,000  |           |              |    |     |         |          |    |     |           |          |    |     |  |          |    |     |           |                   |    |     |   |          |    |     |            |   |
| d. Local   | \$         | .00 |            |           |              |    |     |         |          |    |     |           |          |    |     |  |          |    |     |           |                   |    |     |   |          |    |     |            |   |
| e. Other   | \$         | .00 | 1,481,313  |           |              |    |     |         |          |    |     |           |          |    |     |  |          |    |     |           |                   |    |     |   |          |    |     |            |   |
| f. Program Income  | \$         | .00 | 0          |           |              |    |     |         |          |    |     |           |          |    |     |  |          |    |     |           |                   |    |     |   |          |    |     |            |   |
| g. TOTAL   | \$         | .00 | 16,472,656 |           |              |    |     |         |          |    |     |           |          |    |     |  |          |    |     |           |                   |    |     |   |          |    |     |            |   |

|  |
|--|
| <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |
|--|

|  |                                |                                     |
|--|--------------------------------|-------------------------------------|
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |                                |                                     |
| a. Type Name of Authorized Representative<br>Jose Ramirez  | b. Title<br>City Administrator | c. Telephone Number<br>559-626-5103 |
| d. Signature of Authorized Representative<br>  |                                | e. Date Signed<br>04/01/03          |

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised FormFor PTFP  
Use2. Employer  
ID # (EIN)

95-4765734

## 1. APPLICANT

Legal Name Southern California Public RadioOrganizational  
Unit KPCCMailing Address  
(line 1) 1570 E. Colorado BoulevardAddress (line 2  
if required)City PasadenaState CACounty Los AngelesZip 91106-2003Main  
Station  
Call  
LettersKPCC FM 89.3

Radio MHz

TV

Channel

## 3. Administrative Contact

E-mail rhall@mpr.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. RonF.HallResearcherPhone # (651) 290-1163Fax # (651) 290-1260

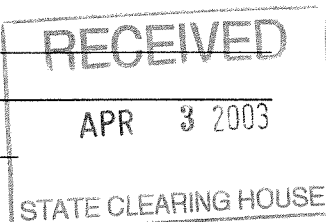
## 4. Engineering Contact

Full Name Mr. Doug JohnsonEngineer  
Phone(626) 585-7189Title Director of Operations

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File #6. Enter "Y" if new  
FCC authorizations  
are required N

7. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both R(B)roadcast or (N)onbroadcast  
or (BN) for both B8. Length of  
Project (# of  
months) 12

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast  
Station, Repeater or  
Translator; 1st local  
originationB. Broadcast  
Equipment  
Replacement,  
Augmentation ☒C. Digital TV  
ConversionD. Nonbroadcast  
(e.g. Distance  
Learning  
Activation or  
Expansion)10. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewedFIRST service added by  
proposed facilityCURRENTLY served by  
applicant.CURRENTLY served by  
applicant.CURRENTLY served by  
applicant.ADDED SERVICE to those  
covered by others9,437,400Enter "Y" if a  
multi-year  
applicationNEW service added by proposed  
facility4A

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 56,127b. Applicant Share \$ 56,128c. TOTAL \$ 112,255d. Fed. % of eligible costs 50.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact  
Office of PTFP program is not selected for state  
review. Otherwise enter Yes.NO15. Is applicant delinquent on any Federal Debt?  
Enter YES or NO. If YES, attach explanation.NO11. Single  
Congressional  
District of  
Applicant2712. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)CA 27 (Headquarters), Also  
CA 24-39, 41, 42 44-47

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (213) 621-3590

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. ThomasWDavisPresidentSignature of authorized  
representativeDate  
signed03.25.03

Authorized for Local Reproduction

rhall

1

This form expires 10/31/2003 Previous Editions NOT usable

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

**17. Summary of application (Summarize the purposes of the application in a few sentences.)**

Urgent replacement to remedy a shortage of production capacity and streamline a barely-manageable workload through automation equipment.

**18. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

**19. Station Operations**

|                  | THIS YEAR    |         | NEXT YEAR IF PROJECT FUNDED |         |
|------------------|--------------|---------|-----------------------------|---------|
|                  | Number       | Hrs./Wk | Number                      | Hrs./Wk |
| Full-Time Staff  | 28           | 40      | 31                          | 40      |
| Part-Time Staff  | 17           | 20      | 19                          | 20      |
| Volunteers       | 250          | 1       | 250                         | 1       |
| Operating Budget | \$ 5,917,808 |         | \$ 6,918,000                |         |

**20. Public Broadcasting Affiliations**

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 20 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

|           | PBS | NPR | NFCB | PRI | Other | Other |
|-----------|-----|-----|------|-----|-------|-------|
| This year |     | Y   |      | Y   |       |       |
| Next year |     | Y   |      | Y   |       |       |

**21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

| Proposed Community of license | Channel # | FCC File # | Site Name | Owned | Leased |
|-------------------------------|-----------|------------|-----------|-------|--------|
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |

**22. Yes** ☒ **No**  
(circle one)

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

**23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

| City               | Call Letters |
|--------------------|--------------|
| Los Angeles, CA    | KPFK         |
| City               | Call Letters |
| San Bernardino, CA | KVCR         |
| City               | Call Letters |
| Los Angeles, CA    | KLON         |

**24. Areas affected by this Project (Cities, Counties, States, Etc.)**

KPCC's primary broadcast signal serves all of urban and suburban Los Angeles County and surrounding communities, with a population of 9,437,400. The station also delivers a strong secondary signal throughout the Los Angeles Metropolitan Area.

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

SEE ATTACHED



|  |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
|--|--|--|--|----------|--------------------------------|-----------|--|--------------|-----------------------|-------------|-----------------|---------------|---------------|-------------------|------------------------|---------------------|---------------------------|--|---------------|
| <b>APPLICATION FOR<br/>FEDERAL ASSISTANCE</b>  |  | 2. DATE SUBMITTED  | APPLICANT IDENTIFIER   |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| 1. TYPE OF SUBMISSION:   |  | 3. DATE RECEIVED BY STATE  | STATE APPLICATION IDENTIFIER   |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   | Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY   | FEDERAL IDENTIFIER   |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| <b>5. Applicant Information</b>  |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| Legal Name<br><b>Teviston Community Services District</b>  |  | Organizational Unit  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| Address (give city, county, state, and zip code):<br><b>P.O. Box T<br/>Pixley, CA 93256</b>  |  | Name and telephone number of the person to be contacted on matters involving this application (give area code):<br><b>Paul Boyer<br/>(559) 651-1000</b>  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br><b>77-0273435</b>  |  | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <table style="width:100%; font-size: small;"> <tr> <td>A. State</td> <td>H. Independent School District</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify): _____</td> </tr> <tr> <td></td> <td>O. Non-Profit</td> </tr> </table> |  | A. State | H. Independent School District | B. County | I. State Controlled Institution of Higher Learning | C. Municipal | J. Private University | D. Township | K. Indian Tribe | E. Interstate | L. Individual | F. Intermunicipal | M. Profit Organization | G. Special District | N. Other (Specify): _____ |  | O. Non-Profit |
| A. State   | H. Independent School District   |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| B. County  | I. State Controlled Institution of Higher Learning   |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| C. Municipal   | J. Private University  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| D. Township  | K. Indian Tribe  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| E. Interstate  | L. Individual  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| F. Intermunicipal  | M. Profit Organization   |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| G. Special District  | N. Other (Specify): _____  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
|  | O. Non-Profit  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| 8. TYPE OF APPLICATION<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br><br>If Revision, select appropriate letter(s) in box(es):<br>A. Increase Award<br>B. Decrease Award<br>C. Increase Duration<br>D. Decrease Duration<br>E. Other (specify here): _____ |  | 9. NAME OF FEDERAL AGENCY<br><br><div style="text-align: center; font-size: large;"><b>USDA Rural Development</b></div>  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><br><div style="text-align: center;">10.763 ECWAG</div>  |  | 11. DESCRIPTIVE TITLE OF APPLICANT PROJECT:<br><br><div style="text-align: center; font-size: large;"><b>Emergency replacement of pump and motor</b></div>   |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):<br><br><div style="text-align: center;">Teviston, Tulare County, CA</div>  |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| 13. PROPOSED PROJECT   |  | 14. CONGRESSIONAL DISTRICTS OF:  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| Start Date<br><b>5/15/2003</b>   | Ending Date<br><b>5/30/2003</b>  | a. Applicant<br><br><div style="text-align: center; font-size: large;"><b>21st</b></div>   | b. Project<br><br><div style="text-align: center; font-size: large;"><b>21st</b></div> |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| 15. ESTIMATED FUNDING:   |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| a. Federal   | \$ <b>10,000.00</b>  | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE: <b>3/31/03</b><br><br>b. <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW<br><input type="checkbox"/>  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| b. Applicant   | \$   |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| c. State   | \$   |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| d. Local   | \$   |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| e. Other   | \$   |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| f. Program Income  | \$   | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><br><input type="checkbox"/> Yes    if "Yes" attach an explanation <input checked="" type="checkbox"/> No.   |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| g. TOTAL   | \$ <b>10,000.00</b>  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| a. Typed Name of Authorized Representative<br><br><div style="text-align: center; font-size: large;"><b>Alfred King</b></div>  |  | b. Title<br><br><div style="text-align: center; font-size: large;"><b>President</b></div>  | c. Telephone number<br><br><b>(559) 757-3539</b>                                       |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |
| d. Signature of Authorized Representative<br><br><div style="font-size: x-large; font-family: cursive;">Alfred King</div>  |  | e. Date Signed<br><br><div style="font-size: x-large; font-family: cursive;">3-31-03</div>   |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                           |  |               |

APPLICATION  
FOR PTFP FUNDS

## Public Telecommunications Facilities Program

Check here if  
Revised FormOMB Approval  
0650-0003

NTIA/Department of Commerce/Washington DC 20230

CFDA-11.550

For PTFP  
Use

## APPLICATION PART I

## 1. APPLICANT

Legal Name The Foundation of CSU Monterey BayOrganizational  
Unit KAZU 90.3FM Public RadioMailing Address  
(line 1) 100 Campus Center, Bldg 86CAddress (line 2  
if required)City SeasideState CACounty MontereyZip 93955-80012. Employer  
ID # (EIN)77-0387459Main  
Station  
Call  
LettersKAZU FM 90.3

Radio MHz

TV

Channel

## 3. Administrative Contact

E-mail meg\_bernhardt@csumb.edu

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms.

MegBernhardtGrants & Contracts AnalystPhone # (831) 582-4146Fax # (831) 582-3305

## 4. Engineering Contact

Full Name Mr. Don MussellEngineer  
Phone(831) 420-1571Title Consulting Engineer

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File #6. Enter "Y" if new  
FCC authorizations  
are required N

## 7. Enter letter(s) to classify project

(P)lanning or  
(C)onstructionC(R)adio or (T)V  
or (RT) for bothR(B)roadcast or (N)onbroadcast  
or (BN) for bothB8. Length of  
Project (# of  
months)18

## 9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast  
Station, Repeater or  
Translator, 1st local  
originatorB. Broadcast  
Equipment  
Replacement,  
AugmentationC. Digital TV  
ConversionD. Nonbroadcast  
(e.g. Distance  
Learning  
Activation or  
Expansion)10. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewedFIRST service added by  
proposed facilityCURRENTLY served by  
applicant.CURRENTLY served by  
applicant.CURRENTLY served by  
applicant.ADDED SERVICE to those  
covered by others536,200Enter "Y" if a  
multi-year  
applicationNEW service added by proposed  
facility4A

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 34,220b. Applicant Share \$ 34,221c. TOTAL \$ 68,441d. Fed. % of eligible costs 50.00 %

## 14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact  
Office of PTFP program is not selected for state  
review. Otherwise enter Yes.Yes15. Is applicant delinquent on any Federal Debt?  
Enter YES or NO. If YES, attach explanation.NO11. Single  
Congressional  
District of  
Applicant1712. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)1

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (831) 582-3089

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms.

CynthiaE.LopezDirector, Office of Grants & ContractsSignature of authorized  
representativeDate  
signed4/3/03

Authorized for Local Reproduction

mbernhardt

1

This form expires 10/31/2003 Previous Editions NOT usable

APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0560-0060

## 17. Summary of application (Summarize the purposes of the application in a few sentences.)

This application is for funding to assist with the purchase of replacement equipment including a transmitter, antenna, and the cost of installation. The current equipment is obsolete and unreliable, resulting in signal loss and jeopardizing the integrity and financial stability of this public radio station.

## 18. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 19. Station Operations

|                  | THIS YEAR  |         | NEXT YEAR IF PROJECT FUNDED |         |
|------------------|------------|---------|-----------------------------|---------|
|                  | Number     | Hrs./Wk | Number                      | Hrs./Wk |
| Full-Time Staff  | 7          | 40      | 9                           | 40      |
| Part-Time Staff  | 1          | 32      | 2                           | 32      |
| Volunteers       | 25         | 10      | 30                          | 10      |
| Operating Budget | \$ 375,000 |         | \$ 398,000                  |         |

## 20. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 20 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

|           | PBS | NPR | NFCB | PRI | Other | Other |
|-----------|-----|-----|------|-----|-------|-------|
| This year |     | Y   |      | Y   |       |       |
| Next year |     | Y   |      | Y   |       |       |

## 21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

| Proposed Community of license | Channel # | FCC File # | Site Name | Owned | Leased |
|-------------------------------|-----------|------------|-----------|-------|--------|
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |
|                               |           |            |           |       |        |

22. Yes ☒ No ☐  
(circle one)

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

## 23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

|                |              |
|----------------|--------------|
| City           | Call Letters |
| Santa Cruz, CA | KUSP         |
| City           | Call Letters |
| Salinas, CA    | KHDC         |
| City           | Call Letters |
|                |              |

## 24. Areas affected by this Project (Cities, Counties, States, Etc.)

Monterey County, CA  
Santa Cruz County, CA  
San Benito County, CA  
San Mateo County, CA

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

APPLICATION FOR  
FEDERAL ASSISTANCE

|  |  |                                    |  |                                       |                                       |
|--|--|------------------------------------|--|---------------------------------------|---------------------------------------|
| 1 TYPE OF SUBMISSION:  |  | 2. DATE SUBMITTED                  |  | Application Identifier<br>90CM0151/12 |                                       |
| Preapplication   |  | 3. DATE RECEIVED BY STATE          |  | State Application Identifier          |                                       |
| { } Construction   |  | 4. DATE RECEIVED BY FEDERAL AGENCY |  |                                       |                                       |
| { } Non-Construction   |  |                                    |  |                                       |                                       |
| 5 APPLICATION INFORMATION  |  |                                    |  |                                       |                                       |
| Legal Name: Economic Opportunity Commission<br>of San Luis Obispo County, Inc.   |  |                                    | Organization Unit:<br>Migrant and Seasonal Head Start  |                                       |                                       |
| Address (give city, county, state and zip)<br>1030 Southwood Drive<br>San Luis Obispo County<br>San Luis Obispo, CA 93401  |  |                                    | Name and telephone number of the person to be contracted on<br>matters involving the application (give area code)<br>William Castellanos (805) 544-4355<br>FAX # (805) 549-8388  |                                       |                                       |
| 6 EMPLOYER IDENTIFICATION NUMBER (EIN):<br>95-2410253  |  |                                    | 7. TYPE OF APPLICANT (enter appropriate letter in box) { N }   |                                       |                                       |
| 8 TYPE OF APPLICATION  |  |                                    | A. State H. Independent School Dist.   |                                       |                                       |
| ( ) New ( ) Continuation ( A ) Revision  |  |                                    | B. County I. State Controlled Institution  |                                       |                                       |
| <b>"One Time Only Project STEP funds"</b>  |  |                                    | C. Municipal of Higher Learning  |                                       |                                       |
| If Revision, enter appropriate letter(s) in boxes: ( A )   |  |                                    | D. Township J. Private University  |                                       |                                       |
| A. Increase Award B. Decrease Award  |  |                                    | E. Interstate K. Indian Tribe  |                                       |                                       |
| C. Increase Duration D. Decrease Duration  |  |                                    | F. Intermunicipal L. Individual  |                                       |                                       |
| Other (Specify):   |  |                                    | G. Special District M. Profit Organization   |                                       |                                       |
|  |  |                                    | N. Other (Specify)<br>Community Action Agency  |                                       |                                       |
| 10 CATALOG OF FEDERAL DOMESTIC   |  |                                    | 9. NAME OF FEDERAL AGENCY:   |                                       |                                       |
| TITLE: Migrant Head Start  |  |                                    | Administration for Children and Families<br>Office of Human Development Services   |                                       |                                       |
| 12 AREAS AFFECTED BY PROJECT (city, counties, states, etc.):<br>San Luis Obispo, Orange, Ventura, Santa Barbara, Monterey,<br>Kern, San Benito, Fresno Counties  |  |                                    | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br><br>Application for Project STEP funds as per AACYF-IM-HS-03-01<br><b>RECEIVED</b><br>APR 1 2003<br><b>STATE CLEARING HOUSE</b> |                                       |                                       |
| 13 PROPOSED PROJECT:   |  |                                    | 14. CONGRESSIONAL DISTRICTS  |                                       |                                       |
| Start Date<br>9/1/2002   |  | Ending Date<br>8/31/2003           | a. Applicant<br>22   |                                       | b. Project<br>17,19,20,21,22,23,46    |
| 15 ESTIMATED FUNDING:  |  |                                    | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE<br>ORDER 12372 PROCESS?  |                                       |                                       |
| a Federal  |  | 11,966                             | a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO<br>THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE:   |                                       |                                       |
| b Applicant  |  |                                    | b. NO ( F4) PROGRAM NOT COVERED BY E.Q. 12372<br>OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                                       |                                       |
| c State  |  |                                    | 17. IS THE APPLICANT DELINQUENT OF ANY FEDERAL DEBT?   |                                       |                                       |
| d Local  |  |                                    | ( ) YES If "Yes" attach an explanation.  |                                       |                                       |
| e Other/ In-Kind   |  | 901                                |  |                                       |                                       |
| f Program Income   |  |                                    |  |                                       |                                       |
| g TOTAL  |  | \$ 12,867                          |  |                                       |                                       |
| 18 TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT THE<br>DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE<br>ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED |  |                                    |  |                                       |                                       |
| a. Typed Name and Authorized Representative(s):<br>Placido Rivera<br>Elizabeth "Biz" Steinberg   |  |                                    | b. Title(s):<br>MHSB PC Chairperson<br>Executive Director  |                                       | c. Telephone Number<br>(805) 544-4355 |
| d. Signature(s) of Authorized Representative(s)<br><i>Placido Rivera. Elizabeth Steinberg</i>  |  |                                    |  |                                       | e. Date Signed<br>3/27/03             |

# APPLICATION FOR FEDERAL ASSISTANCE

|  |                            |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
|--|----------------------------|--|--|--|--------------------------|----------|------------------|----------|--------------------------|----------|------------------|-------------------|------------------|----------|----------------------------|--|--|--|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction<br>Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |                            | 2. DATE SUBMITTED  |  | Applicant Identifier                       |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
|  |                            | 3. DATE RECEIVED BY STATE  |  | State Application Identifier               |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
|  |                            | 4. DATE RECEIVED BY FEDERAL AGENCY   |  | Federal Identifier                         |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <b>5. APPLICANT INFORMATION</b><br>Legal Name: <u>County of Los Angeles</u><br>Address (give city, county, State, and zip code):<br><u>2 Coral Circle</u><br><u>Monterey Park, CA 91754</u>  |                            |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 5 - 3 7 7 7 5 9 6           </div>  |                            |  | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div>             A. State<br/>B. County<br/>C. Municipal<br/>D. Township<br/>E. Interstate<br/>F. Intermunicipal<br/>G. Special District           </div> <div>             H. Independent School Dist.<br/>I. State Controlled Institution of Higher Learning<br/>J. Private University<br/>K. Indian Tribe<br/>L. Individual<br/>M. Profit Organization<br/>N. Other (Specify) _____           </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> </div> |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____  |                            |  | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b><br/><br/> <b>APR 1 2003</b><br/><br/> <b>STATE CLEARING HOUSE</b> </div>  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             11 - 552           </div><br>TITLE: <u>Technology Opportunities Program</u>   |                            |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br><u>County of Los Angeles</u>   |                            |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><u>The County is the lead agency of a multi-jurisdictional project which will create jobs, provide public information, and educational opportunities through innovative technology.</u>  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date    Ending Date<br><u>10/1/03</u> <u>3/31/05</u>  |                            | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant <u>31</u><br>b. Project <u>24-41</u>  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <b>15. ESTIMATED FUNDING:</b>  |                            | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <u>3/27/03</u><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$ 600,000<sup>00</sup></td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$ 400,000<sup>00</sup></td></tr> <tr><td>c. State</td><td style="text-align: right;">\$ <sup>00</sup></td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$ 200,000<sup>00</sup></td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$ <sup>00</sup></td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$ <sup>00</sup></td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 1,200,000<sup>00</sup></td></tr> </table> |                            | a. Federal   | \$ 600,000 <sup>00</sup>   | b. Applicant                               | \$ 400,000 <sup>00</sup> | c. State | \$ <sup>00</sup> | d. Local | \$ 200,000 <sup>00</sup> | e. Other | \$ <sup>00</sup> | f. Program Income | \$ <sup>00</sup> | g. TOTAL | \$ 1,200,000 <sup>00</sup> | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |  |  |  |
| a. Federal   | \$ 600,000 <sup>00</sup>   |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| b. Applicant   | \$ 400,000 <sup>00</sup>   |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| c. State   | \$ <sup>00</sup>           |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| d. Local   | \$ 200,000 <sup>00</sup>   |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| e. Other   | \$ <sup>00</sup>           |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| f. Program Income  | \$ <sup>00</sup>           |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| g. TOTAL   | \$ 1,200,000 <sup>00</sup> |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>   |                            |  |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| a. Type Name of Authorized Representative<br><u>Carlos Jackson</u>   |                            | b. Title<br><u>Executive Director</u>  |  | c. Telephone Number<br><u>323-890-7400</u> |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |
| d. Signature of Authorized Representative  |                            | e. Date Signed   |  |  |                          |          |                  |          |                          |          |                  |                   |                  |          |                            |  |  |  |  |

DOT



FTA

U.S. Department of Transportation

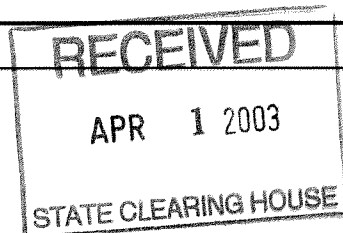
Federal Transit Administration

## Application for Federal Assistance

|                      |                                       |
|----------------------|---------------------------------------|
| Recipient ID:        | 1657                                  |
| Recipient Name:      | CITY OF MONTEBELLO                    |
| Project ID:          | CA-90-Y195                            |
| Budget Number:       | 1 - Budget Pending Approval           |
| Project Information: | FY03; Repower,Tires,Cameras,Stops,UFS |

### Part 1: Recipient Information

|                 |   |
|-----------------|---|
| Project Number: | CA-90-Y195                                |
| Recipient ID:   | 1657                                      |
| Recipient Name: | CITY OF MONTEBELLO                        |
| Address:        | 400 S. TAYLOR , MONTEBELLO, CA 90640 0000 |
| Telephone:      | (323) 887-4658                            |
| Facsimile:      | (323) 887-4643                            |



### Union Information

|               |  |
|---------------|--|
| Recipient ID: | 1657                                       |
| Union Name:   | MONTEBELLO BUS OPERATOR ASSOCIATION (MBOA) |
| Address 1:    | 1012 W BEVERLY BLVD                        |
| Address 2:    |  |
| City:         | MONTEBELLO, CA 90640                       |
| Contact Name: | ART SALAIZ                                 |
| Telephone:    | (323) .72-2.41                             |
| Facsimile:    |  |

### Part 2: Project Information

|                      |                                       |                      |             |
|----------------------|---------------------------------------|----------------------|-------------|
| Project Type:        | Grant                                 | Gross Project Cost:  | \$3,554,882 |
| Project Number:      | CA-90-Y195                            | Adjustment Amt:      | \$0         |
| Project Description: | FY03; Repower,Tires,Cameras,Stops,UFS | Total Eligible Cost: | \$3,554,882 |

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|  |                               |   |  |   |  |
|--|-------------------------------|---|--|---|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction  |                               | <b>2. DATE SUBMITTED</b><br>April 1, 2003   |  | <b>Applicant Identifier</b><br>N/A                |  |
| Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |                               | <b>3. DATE RECEIVED BY STATE</b>  |  | <b>State Application Identifier</b><br>SAI-EXEMPT |  |
|  |                               | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>   |  | <b>Federal Identifier</b><br>06-01497             |  |
| <b>5. APPLICANT INFORMATION</b>  |                               |   |  |   |  |
| <b>Legal Name:</b><br>California - Department of Parks and Recreation  |                               |   | <b>Organizational Unit:</b><br>California Department of Parks and Recreation   |   |  |
| <b>Address (give city, county, State, and zip code):</b><br>Post Office Box 942896<br>Sacramento 3150 Sacramento 067<br>California 06 94296-0001   |                               |   | <b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b><br>Charlie Willard<br>(916) 651-8597  |   |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |                               |   | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br>[A]  |   |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) [ ] [ ]<br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other(specify): _____ |                               |   | A. State H. Independent School Dist.<br>B. County I. State Controlled Institution of Higher Learning<br>C. Municipal J. Private University<br>D. Township K. Indian Tribe<br>E. Interstate L. Individual<br>F. Intermunicipal M. Profit Organization<br>G. Special District N. Other (Specify) _____ |   |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>[1] [5] - [9] [1] [6]<br>TITLE: Outdoor Recreation - Acquisition, Development & Planning  |                               |   | <b>9. NAME OF FEDERAL AGENCY:</b><br>Department of the Interior<br>National Park Service - Western Region 1443   |   |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>06-13882   |                               |   | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Mt. Diablo Silva ACQ.<br>California Dept. of Parks and Recreation (DPR)<br>DPR Bay Area District   |   |  |
| <b>13. PROPOSED PROJECT</b>  |                               | <b>14. CONGRESSIONAL DISTRICTS OF:</b>  |  |   |  |
| <b>Start Date</b><br>10/1/02   | <b>Ending Date</b><br>6/30/06 | <b>a. Applicant</b><br>03   |  | <b>b. Project</b><br>10                           |  |
| <b>15. ESTIMATED FUNDING:</b>  |                               | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>   |  |   |  |
| a. Federal   | \$ 534,000.00                 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE 04/01/03                             |  |   |  |
| b. Applicant   | \$ 534,000.00                 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |   |  |
| c. State   | \$ .00                        | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No          |  |   |  |
| d. Local   | \$ .00                        |   |  |   |  |
| e. Other   | \$ .00                        |   |  |   |  |
| f. Program Income  | \$ .00                        |   |  |   |  |
| g. TOTAL   | \$ 1,068,000.00               |   |  |   |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>                                 |                               |   |  |   |  |
| <b>a. Type Name of Authorized Representative</b><br>Ruth Coleman   |                               | <b>b. Title</b><br>Acting Director, Parks and Recreation  |  | <b>c. Telephone Number</b><br>(916) 653-7423      |  |
| <b>d. Signature of Authorized Representative</b>   |                               |   |  | <b>e. Date Signed</b>                             |  |

APPLICATION  
FOR PTFP FUNDSCAMS Approval  
0680-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

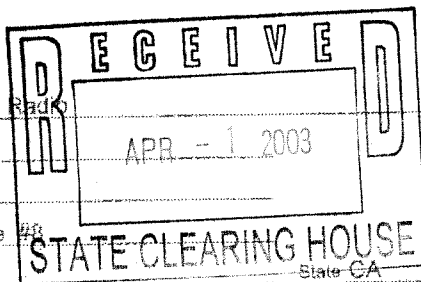
CFDA 11.550

Check here if  
Revised FormFor PTFP  
Use

## APPLICATION PART I

## 1. APPLICANT

Legal Name West Marin Community Radio  
 Organizational Unit KWMR  
 Mailing Address (line 1) P.O. Box 1262  
 Address (line 2 if required) 11431 State Route One #8  
 City Pt. Reyes Station


 2. Employer ID # (EIN) 68-0393101

 Main Station Call Letters KWMR FM 90.5  
 Radio MHz TV Channel

 County Marin Zip 94956

## 3. Administrative Contact

E-mail Kay@KWMR.org

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc. Position  
Ms. Kay Clements Station Manager

Phone # (415) 663-8068Fax # (415) 663-0746

## 4. Engineering Contact

Full Name Mr. Donald MussellEngineer Phone # (831) 420-1571Title Broadcast Engineer

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File #6. Enter "Y" if new  
FCC authorizations Y  
are required

## 7. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B 8. Length of Project (# of months) 18

## 9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

| A. New Broadcast Station, Repeater or Translator, 1st local origination | B. Broadcast Equipment Replacement, Augmentation | C. Digital TV Conversion              | D. Nonbroadcast (e.g. Distance Learning, Activation or Expansion) | 10. Enter the Priority or Category under which you request the application be reviewed |
|---|--|---------------------------------------|---|--|
| FIRS service added by proposed facility                                 | CURRENTLY served by applicant                    | CURRENTLY served by applicant         | CURRENTLY served by applicant                                     |  |
| ADDED SERVICE to those covered by others                                | <u>5,000</u>                                     | Enter "Y" if a multi-year application | NEW service added by proposed facility                            | <u>4A</u>  |

## 13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 48,975  
 b. Applicant Share \$ 16,500  
 c. TOTAL \$ 65,475  
 d. Fed. % of eligible costs 74.80 %

## 14. Is applicant subject to review by Executive Order 12372?

 Enter NO if state has no Single Point of Contact Office of PTFP program is not selected for state review. Otherwise enter YES. NO
15. Is applicant delinquent on any Federal Debt? Enter YES or NO. If YES, attach explanation. NO

11. Does Congressional District of Applicant

8

12. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)

none

## 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (415) 663-1634

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc. Position  
Ms. Claire Peaslee President / KWMR Board of Directors

Signature of authorized representative

Date signed

Authorized for Local Reproduction

kwmr

1

This form expires 10/31/2003. Previous Editions NOT usable



|  |  |  |                              |
|--|--|--|------------------------------|
| <b>APPLICATION FOR<br/>FEDERAL ASSISTANCE</b>  |  | 2. DATE SUBMITTED<br><b>March 2003</b> | Applicant Identifier         |
| 1. TYPE OF SUBMISSION:<br>Application                      Preapplication<br><input type="checkbox"/> Construction <input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction |  | 3. DATE RECEIVED BY STATE              | State Application Identifier |
|  |  | 4. DATE RECEIVED BY FEDERAL AGENCY     | Federal Identifier           |

|  |   |
|--|---|
| 5. APPLICANT INFORMATION   |   |
| Legal Name:<br><b>County of San Luis Obispo, California</b>  | Organizational Unit:<br><b>Department of General Services</b>   |
| Address (give city, county, state, and zip code)<br><b>County of San Luis Obispo<br/>Department of General Services<br/>1087 Santa Rosa Street<br/>San Luis Obispo, CA 93408</b> | Name and telephone number of the person to be contracted on matters involving this application (give area code)<br><b>Klaasje Nairne, Airports Manager<br/>(805) 781-5205</b> |

|  |  |
|--|--|
| EMPLOYER IDENTIFICATION NUMBER (EIN):<br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>9 5 - 6 0 0 0 9 3 9</b> </div> | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;"><b>B</b></span><br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State<br/>B. County<br/>C. Municipal<br/>D. Township<br/>E. Interstate<br/>F. Intermunicipal<br/>G. Special District         </div> <div style="width: 48%;">           H. Interdependent School District<br/>I. State Controlled Institution of Higher Learning<br/>J. Private University<br/>K. Indian Tribe<br/>L. Individual<br/>M. Profit Organization<br/>N. Other (Specify)         </div> </div> |
|--|--|

|  |   |
|--|---|
| 8. TYPE OF APPLICATION:<br><div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New    <input type="checkbox"/> Continuation    <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es):<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A Increase Award<br/>D Decrease Duration</div> <div style="width: 30%;">B Decrease Award<br/>Other (specify)</div> <div style="width: 30%;">C Increase Duration</div> </div> | 9. NAME OF FEDERAL AGENCY<br><b>Federal Aviation Administration</b> |
|--|---|

|   |   |
|---|---|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER<br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>2 0 . 1 0 6</b> </div><br>TITLE: <b>Airport Improvement Program (AIP)</b> | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br><b>Airport Master Plan</b> |
|---|---|

|  |  |
|--|--|
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):<br><b>San Luis Obispo County, California</b> |  |
|--|--|

|   |   |
|---|---|
| 13. PROPOSED PROJECT                                      | 14. CONGRESSIONAL DISTRICTS OF                            |
| Start Date    Ending Date<br><b>5/1/03        4/30/04</b> | a. Applicant    b. Project<br><b>#22              #22</b> |

|  |            |                |                |            |              |    |              |            |          |    |              |            |          |    |          |            |          |    |          |            |                   |    |          |            |          |    |                |            |   |
|--|------------|----------------|----------------|------------|--------------|----|--------------|------------|----------|----|--------------|------------|----------|----|----------|------------|----------|----|----------|------------|-------------------|----|----------|------------|----------|----|----------------|------------|---|
| 15. ESTIMATED FUNDING<br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%; text-align: right;"><b>150,000</b></td> <td style="width:10%; text-align: right;"><b>.00</b></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;"><b>9,167</b></td> <td style="text-align: right;"><b>.00</b></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;"><b>7,500</b></td> <td style="text-align: right;"><b>.00</b></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;"><b>-</b></td> <td style="text-align: right;"><b>.00</b></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;"><b>-</b></td> <td style="text-align: right;"><b>.00</b></td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td style="text-align: right;"><b>-</b></td> <td style="text-align: right;"><b>.00</b></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;"><b>166,667</b></td> <td style="text-align: right;"><b>.00</b></td> </tr> </table> | a. Federal | \$             | <b>150,000</b> | <b>.00</b> | b. Applicant | \$ | <b>9,167</b> | <b>.00</b> | c. State | \$ | <b>7,500</b> | <b>.00</b> | d. Local | \$ | <b>-</b> | <b>.00</b> | e. Other | \$ | <b>-</b> | <b>.00</b> | f. Program income | \$ | <b>-</b> | <b>.00</b> | g. TOTAL | \$ | <b>166,667</b> | <b>.00</b> | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br><br>DATE: <b>March 24, 2003</b><br>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal   | \$         | <b>150,000</b> | <b>.00</b>     |            |              |    |              |            |          |    |              |            |          |    |          |            |          |    |          |            |                   |    |          |            |          |    |                |            |   |
| b. Applicant   | \$         | <b>9,167</b>   | <b>.00</b>     |            |              |    |              |            |          |    |              |            |          |    |          |            |          |    |          |            |                   |    |          |            |          |    |                |            |   |
| c. State   | \$         | <b>7,500</b>   | <b>.00</b>     |            |              |    |              |            |          |    |              |            |          |    |          |            |          |    |          |            |                   |    |          |            |          |    |                |            |   |
| d. Local   | \$         | <b>-</b>       | <b>.00</b>     |            |              |    |              |            |          |    |              |            |          |    |          |            |          |    |          |            |                   |    |          |            |          |    |                |            |   |
| e. Other   | \$         | <b>-</b>       | <b>.00</b>     |            |              |    |              |            |          |    |              |            |          |    |          |            |          |    |          |            |                   |    |          |            |          |    |                |            |   |
| f. Program income  | \$         | <b>-</b>       | <b>.00</b>     |            |              |    |              |            |          |    |              |            |          |    |          |            |          |    |          |            |                   |    |          |            |          |    |                |            |   |
| g. TOTAL   | \$         | <b>166,667</b> | <b>.00</b>     |            |              |    |              |            |          |    |              |            |          |    |          |            |          |    |          |            |                   |    |          |            |          |    |                |            |   |

|  |  |
|--|--|
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?       |  |
| <input type="checkbox"/> Yes If yes, attach an explanation | <input checked="" type="checkbox"/> No |

|   |  |  |
|---|--|--|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED |  |  |
| a. Typed Name of Authorized Representative<br><b>Duane P. Leib</b>  | b. Title<br><b>General Services Director</b> | c. Telephone number<br><b>(805) 781-5200</b> |
| d. Signature of Authorized Representative<br>   |  | e. Date Signed<br><b>3/28/03</b>             |

APPLICATION FOR  
F E D E R A L   A S S I S T A N C E

OMB Approval No. 0348-0043

|  |  |                             |                                   |
|--|--|-----------------------------|-----------------------------------|
| FEDERAL ASSISTANCE   |  | 2. Date Submitted           | Applicant Identifier              |
| 1. TYPE OF SUBMISSION:   |  | 3. Date Received by State   | State Application Identifier      |
| Application                      Preapplication<br><input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction<br><input type="checkbox"/> Nonconstruction <input type="checkbox"/> Nonconstruction |  | 4. Date Rec'd by Fed Agency | Federal Identifier<br>CP 97945701 |

|  |   |
|--|---|
| 5. APPLICANT INFORMATION   |   |
| Legal Name<br>State Water Resources Control Board  | Organizational Unit<br>Division of Water Quality  |
| Address (give city, county, state, and zip code):<br><br>State Water Resources Control Board<br>1001 I Street<br>Sacramento County<br>Sacramento, CA 95814 | Name and telephone of person to be contacted on matters involving this application (give area code):<br><br>Jim Maughan<br>(916) 341-5522 |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7. TYPE OF APPLICANT: (enter appropriate letter in box)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>[ 6 ] [ 8 ] [ - ] [ 0 ] [ 2 ] [ 8 ] [ 1 ] [ 9 ] [ 8 ] [ 6 ]</span> </div>       |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <div style="display: flex; justify-content: space-between; font-family: monospace; font-size: 1.2em;"> <span>STATE</span> <span>SEE</span> </div>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. TYPE OF APPLICATION:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State<br/>B. County<br/>C. Municipal<br/>D. Township<br/>E. Interstate<br/>F. Intermunicipal<br/>G. Special District </div> <div style="width: 48%;"> H. Independent School Dist.<br/>I. State Institute Higher Learning<br/>J. Private University<br/>K. Indian Tribe<br/>L. Individual<br/>M. Profit Organization<br/>N. Other (Specify): _____ </div> </div> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>[ ] New</span> <span>[ ] Continuation</span> <span>[ X ] Revision</span> </div> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If Revision, enter appropriate letter(s) in box(es):  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>[ A ]</span> <span>[ C ]</span> </div>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A. Increase Award      B. Decrease Award<br><br>C. Increase Duration    D. Decrease Duration<br><br>Other (Specify) _____   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9. NAME OF FEDERAL AGENCY:<br><br>U.S. Environmental Protection Agency  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |        |   |  |
|---|--------|---|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER             | 66-463 | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | Develop and implement ways to eliminate water pollution. |
| TITLE: Water Quality Cooperative Agreements                   |        |   |  |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) |        |   |  |
| California  |        |   |  |

|                      |             |                                |                 |
|----------------------|-------------|--------------------------------|-----------------|
| 13. PROPOSED PROJECT |             | 14. CONGRESSIONAL DISTRICT OF: |                 |
| Start Date           | Ending Date | a. Applicant                   | b. Project      |
| 7/1/02               | 12/31/03    | 3                              | California--All |

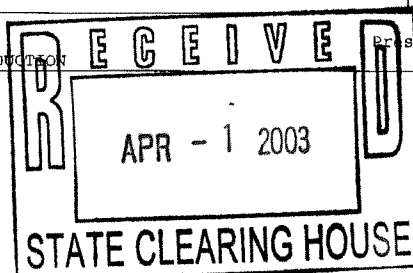
|                       |               |  |
|-----------------------|---------------|--|
| 15. ESTIMATED FUNDING |               | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |
| a. Federal            | \$ .00        | a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: |
| b. Applicant          | \$ .00        | Date: April 1, 2003  |
| c. State              | \$ .00        | b. NO: <input type="checkbox"/> Program is not covered by EO 12372.  |
| d. Local              | \$ .00        | <input type="checkbox"/> Or program has not been selected by state for review.                                       |
| e. Other "in-kind"    | \$ 470,000.00 |  |
| f. Program Income     | \$ .00        | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   |
| g. TOTAL              | \$ 470,000.00 | <input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No                          |

|   |                    |                     |
|---|--------------------|---------------------|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |                    |                     |
| a. Typed Name of Authorized Representative  | b. Title           | c. Telephone Number |
| Celeste Cantú   | Executive Director | (916) 341-5615      |
| d. Signature of Authorized Representative   | e. Date Signed     |                     |

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 424 (Rev 7-97)  
Prescribed by OMB Circular A-012



APPLICATION FOR  
FEDERAL ASSISTANCE

|                       |  |                                    |                              |
|-----------------------|--|------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION |  | 2. DATE SUBMITTED                  | Applicant Identifier         |
| Application           |  | 3. DATE RECEIVED BY STATE          | State Application Identifier |
| Preapplication        |  | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier           |
| Construction          |  | APR - 1 2003                       |                              |
| X Non-Construction    |  | Non-Construction                   |                              |

**5. APPLICATION INFORMATION**

|  |   |
|--|---|
| Legal Name   | Organization Unit   |
| SIERRA ECONOMIC DEVELOPMENT DISTRICT   |   |
| Address (give city, county, state, and zip code):<br>560 WALL STREET STE F<br>PLACER COUNTY<br>AUBURN CA 95603   | Name and telephone number of the person to be contacted on matters involving this application (give area code)<br><br>ELIZABETH RILEY, (530) 823-4703   |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN)<br>94-1705043  | 7. TYPE OF APPLICANT (enter appropriate letter in box) [N]<br>A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School Dist.<br>I. State Controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Other (Specify) EDD |
| 8. TYPE OF APPLICATION<br>[ ] New [X] Continuation [ ] Revision<br>If Revision, enter appropriate letter(s) in box(s)<br>A. Increase Award B. Decrease Award<br>C. Increase Duration D. Decrease Duration<br>Other (specify)   | 9. NAME OF FEDERAL AGENCY<br>ECONOMIC DEVELOPMENT ADMINISTRATION  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE<br>NUMBER 11-302<br>TITLE:  | 11. DESCRIPTIVE TITLE OF APPLICATION PROJECT:<br><br>ECONOMIC DEVELOPMENT PLANNING PROGRAM  |
| 12. AREAS AFFECTED BY PROJECT<br>(cities, counties, states, etc.)<br><br>EL DORADO, NEVADA, PLACER &<br>SIERRA COUNTIES  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant JOHN DOOLITTLE 4<br>b. Project JOHN DOOLITTLE 4   |
| 13. PROPOSED PROJECT:<br>Start Date 4/1/03 Ending Date 3/31/04   | 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE<br>ORDER 12372 PROCESS?<br>a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE<br>EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE 2/1/03<br>b. NO: [ ] PROGRAM IS NOT COVERED BY E.O. 12372<br>[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |
| 15. ESTIMATED FUNDING:<br>a. Federal \$ 76,000<br>b. Applicant<br>c. State<br>d. Local \$ 25,333<br>e. Other<br>f. Program Income<br>g. TOTAL \$ 101,333   | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br>[ ] Yes If "Yes" attach and explanation [X] No  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED |   |
| a. Typed Name of Authorized Representative<br>ELIZABETH RILEY  | b. Title<br>PRESIDENT   |
| d. Signature of Authorized Representative<br><i>Elizabeth Riley</i>  | c. Telephone number<br>(530) 823-4703<br>e. Date Signed<br>1-28-03  |

STATE CLEARING HOUSE